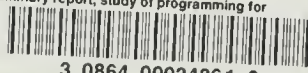


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STATE OF MONTANA

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SUMMARY REPORT *

STUDY OF PROGRAMMING
FOR THE AGING IN MONTANA¹

C. L. Estes, Ph D.²

March, 1975

*Primarily drawn from the Final Report: Study of Programming for the Aged in Montana by C. L. Estes and R. H. Binstock written in collaboration with Jeanne E. Bader, Robert H. Hudson, Peter Lewis, and Stuart Siless, submitted to the Montana Department of SRS, March, 1974.

¹Funded by the Montana Aging Services Bureau through the Institute for Social Science Research, University of Montana, Missoula, Montana.

²Assistant Professor, Department of Social and Behavioral Sciences, University of California, San Francisco, California 94143.

TO
THE OLDER RESIDENTS
OF THE STATE OF MONTANA
IN THE HOPE THAT
THIS REPORT MAY HAVE
SOME POSITIVE IMPACT
ON THEIR LIVES

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CHAPTER I

INTRODUCTION AND OVERVIEW

A. STUDY BACKGROUND AND OBJECTIVES

The initial goal of this Study was to assess "the strengths and weaknesses of alternative approaches to realizing a series of State objectives" in programs affecting the well-being of older citizens of Montana. The major focus of the Research has been on making recommendations which would increase the effectiveness of the programming and planning activities carried out by the Montana Aging Services Bureau. This office, located within the Department of Social and Rehabilitation Services, is the single state agency which is responsible for the administration of approximately one million dollars in funds under the Older Americans Act of 1965, as amended.

The research on which this Report is based commenced in July, 1973 and was completed in March, 1974. Requested by the Chief of the Aging Services Bureau, this Study was funded by the Aging Services Bureau through the University of Montana with Title III funds under the Older Americans Act. The Study was conducted under the direction of Carroll L. Estes of the University of California and Robert H. Binstock of Brandeis University.

The chapters of the Final Report, from which this Summary is taken, include extensive analyses of the structure, role and functions of the Montana Aging Services Bureau and of its programs for older persons. This Summary Report contains our complete set of recommendations (exactly as submitted in March,

1974) for augmenting the Aging Services Bureau's effectiveness in comprehensive statewide, regional and community program planning and development. In addition, we then presented a list of suggested strategies aimed at maximizing the effective involvement of the Aging Services Bureau's Statewide Advisory Council.

Finally, this Summary Report contains a brief Epilogue in which we discuss major changes which have occurred in the Bureau and its programs since the completion of the research in 1974--with a brief recapitulation of the major recommendations which seem paramount for consideration at this time, together with a listing of the earlier recommendations which we continue to support.

The Study addressed five questions of importance to the Montana Aging Services Bureau (hereafter referred to as "ASB"). As stated in the initial proposal, the questions to be addressed were:

- 1) What information and information resources does Montana have for effective planning and programming for the aged, and what alternative steps can be taken to develop these resources further to meet future requirements?
- 2) From the known range of state administrative and legislative provisions for enhancing the well-being of aging citizens in states throughout the country, which seem most promising for exploration by Montana for development in accordance with the needs of its citizens?
- 3) Given that Montana has its own priorities for its programs and its citizens, and given that federal grant-in-aid programs are designed without attention to the different priorities and needs of the 50 states, how can federal grants-in-aid be most effectively integrated into Montana's long-range programming for the aging?

- 4) As Montana moves ahead in further developing community programs for the aging, what are the strengths and weaknesses of the various structures and procedures that might be employed for planning and programming at the local level, particularly in the Title III and VII programs?
- 5) Given assessments of the preceding issues, as well as the major new programs being launched through additional grants-in-aid from the federal Administration on Aging, what are the strengths and weaknesses of alternative staffing, structural, and procedural approaches for planning and implementing Montana's administration of programs for the aging particularly through the Aging Services Bureau?

Although all of these issues were considered, the fifth and last question was central to the research and Study recommendations.

B. RESEARCH DESIGN AND METHODS

In addressing these questions, data were collected which included, but were not limited to, an examination of:

- 1) the staff and skills required by the Montana Aging Services Bureau to develop a comprehensive statewide plan, to provide information on programs relevant to the aging, to assist in regional and community planning, and to advise local projects funded through the State Office;
- 2) the requirements of the local Title III funded projects in terms of technical assistance, information, and other resources from the Aging Services Bureau Staff;
- 3) the interests and perspectives of selected Legislators and State Agency personnel on the problems of older Montanans and the potential for their involvement in

advocacy for the elderly and/or in coordinating with Aging Services Bureau programming efforts;

- 4) demographic data on Montana's elderly and resources available to them in the form of federal and state programs; and
- 5) "the program" of the Aging Services Bureau, as indicated by its priorities in past and present funding patterns.

Data were derived from interviews (both in-depth and survey) mail questionnaires, participant observation and secondary analyses of census data and other relevant written materials. Where possible, nation-wide data also were utilized for comparison and clarification of potential alternatives open to Montana.¹

More than 150 persons (respondents) representing at least twelve different categories of employment and interest provided information to the Researchers. The major respondent groups represented: (1) the Aging Services Bureau (ASB) staff, (2) the ASB Advisory Council, (3) Title III projects funded by ASB, (4) selected staff of the Montana Department of Social and Rehabilitation Services (SRS), (5) selected staff of State Agencies related to health and human resources, (6) selected staff of State Agencies related to community development, coordination, research and planning, (7) representatives of

¹The national data employed for this purpose were drawn primarily from an HEW-financed Study of State Units on Aging, of which Robert H. Binstock is Principal Investigator.

the Montana Executive Branch, (8) selected bipartisan members of the Montana Legislature, (9) congressional representatives to the United States Congress from Montana, (10) staff of the Administration on Aging (AoA) Regional Office, (11) community resource persons, and (12) representatives of private organizations relevant to aging.

In two respondent categories, ASB Staff and AoA Regional Office staff, the total population of professional staff working therein were interviewed. The samples in each of the other ten respondent categories were selected on the basis of their knowledgeability in the areas being researched; therefore, these ten samples were essentially "non-probability" in nature, requiring the usual cautionary note in terms of the generalizability of Study findings.

C. STUDY SIGNIFICANCE: THE RECOMMENDATIONS

Specifically, Study recommendations in Chapter VI of this Summary Report address the issues of:

- 1) preferred organizational structures, staffing, and substantive programming of the Montana Aging Services Bureau, including recommended strategies and procedures which might be employed by the State Staff in assisting projects on the area and local levels;
- 2) State information and data resources available and those required for effective planning and programming by the State ASB;

- 3) promising administrative and legislative alternatives for enhancing the well-being of older Montanans through advocacy;
- 4) suggested mechanisms for the intra- and intergovernmental agency and unit coordination by the Staff of the Montana Aging Services Bureau to most effectively carry out its designated duties and responsibilities.

CHAPTER II
CURRENT FEDERAL LEGISLATION: THE OLDER
AMERICANS ACT OF 1965 AND THE COMPREHENSIVE
SERVICES AMENDMENTS OF 1973

The Older Americans Act, which provides by far the largest single source of funds for the Montana Aging Services Bureau (ASB), has undergone major changes since the Study was initiated in July, 1973. The entire Title III strategy has been re-designed and this has already demonstrated far-ranging effects on the planning and services of the Montana ASB. In addition to changes in the strategy, there has also been a significant increase in funding, the amount available under Title III to Montana in FY 1974 being a full 800% greater than in fiscal year (FY) 1972. (The FY 1975 funding level, however, has not been increased in any significant amount, and no increases are anticipated for FY 1976.)

The intent of PL-93-29, known as the "Older Americans Comprehensive Services Amendments of 1973," is twofold: (1) "to secure and maintain maximum independence and dignity in a home environment for older persons capable of self-care," and (2) "to remove individual and social barriers to economic and personal independence for older persons capable of self-support." Toward this end, Planning and Service Areas have been developed in each of the states (within which have been established Area Agencies on Aging).

It is not intended that these Area Agencies on Aging (AAA's) provide services directly but that they become the focal point for the development of "a comprehensive and coordinated system" for the delivery of social services within their individual Planning and Service Areas. A comprehensive and coordinated service delivery system is defined by the law and Federal Regulations as one which (1) facilitates accessibility to and utilization of all social services within the geographic area served by such a system, (2) develops and makes the most effective use of social services in meeting the needs of older persons, and one which (3) uses available resources efficiently and with a minimum of duplication.

In addition to complying with the requirements of Area Planning (submitting an Area Plan, undertaking needs assessments, establishing goals, and providing technical assistance), the Area Agencies on Aging (AAA's) are instructed to:

- (a) Act as catalysts, "drawing in" commitments from public and private agencies in order to fill the service gaps in the existing local service delivery system by initiating services that are not available under present programs.
- (b) Act as organizers, linking existing services together into a well planned, comprehensive service system.
- (c) Act as advocates for the changing needs of the older population within their planning and service areas.

(d) Make provision for an action program designed to pool available but untapped resources from both the public and private sectors in order to strengthen existing or to inaugurate new services.

Nation-wide funding for Title III (Area Planning and Services) remains on a formula basis, the authorization levels being "such sums as may be necessary" for FY 1973; \$103.6 million for FY 1974; and approximately \$108 million for FY 1975. Each State Unit on Aging (e.g., the Montana Aging Services Bureau) now receives a minimum of \$160,000 for paying up to 75% of the cost for planning, coordination, and "administration of the State Plan." Up to 15% of a state's funds may be used for paying no more than 75% of the cost of administering Area Plans. For Area Agencies with an approved Area Plan, federal funds may be used to pay up to 90% of the cost of social service; while (beginning with FY 1976) no more than 20% of the funds allotted may be used to pay a maximum of 75% of the cost of social services in planning and service areas which do not have an approved Area Plan.¹

This new strategy marks a substantial shift in the way in which the Older Americans Act funds were to be administered in the states. Previous to the 1973 Amendments, Title III funds

¹These data and formal regulations are paraphrased from Administration on Aging, Fact Sheet on State and Community Programs on Aging--Title III, Washington, D.C.: U.S. Government Printing Office, 1973.

were made available to the State Units for activities undertaken in administering their State Plans. The minimum amount available to each state for this purpose increased from \$15,000 in 1965 to \$25,000 in 1967 and to \$75,000 in 1969, with the remainder being passed down to the local level in the form of community grants.

Grant program operations were criticized across the Nation during the first five years of the implementation of the Older Americans Act of 1965. When the 1969 Amendments were being negotiated, critics charged that the State Units on Aging (SUA's) had served as little more than pipelines for the funneling of federal dollars to the community level. Also, concern was voiced about the way in which the community grants had developed, the contention being that the services offered by these projects dealt primarily with occupying the leisure time of older persons, and that only older persons who were relatively well-off and in good health could avail themselves of these leisure-time activities.¹

As one means of remedying these shortcomings, the 1969 Amendments placed increased emphasis on planning and resource mobilization. A new clause was added to Title III to legitimize and emphasize "statewide planning, coordination, and evaluation of programs and activities related to the purposes of this

¹Hudson, Robert B., "State Politics, Federalism and Public Policies for Older Americans," presented at the American Political Science Association Meeting, New Orleans, La., 1973.

Act."¹ Changes were also made with regard to the funding of State Units on Aging (SUA); the authorization for state planning was separated from that for community grants, and the minimum amount available to the SUAs for administration was increased to \$75,000, while the matching ratio for these funds was increased from a 1-to-1 (or 50-50) to a 3-to-1 (75%-25%) federal/state participation. Finally, the 1969 Amendments authorized the development of "Areawide Model Projects" which were to demonstrate the potential for the development of comprehensive and coordinated services at the sub-state level.

Studies undertaken regarding the success of the SUAs in "coordinating with" and "mobilizing the resources of" public and private bodies as mandated by the 1969 Amendments were not encouraging. A nationwide survey of SUA executives undertaken in 1971 found that only 60% listed the new coordinating (or as the study called it, "leadership planning") function as one of their primary responsibilities, and only a slightly larger number reported as "major efforts" leadership-planning activities.² Another analysis of the same data also showed that these efforts directed toward other agencies were not yielding

¹1969 Amendments, Section 303 (a) (4) in Administration on Aging, Older Americans Act of 1965, as Amended, Washington, D.C.: U.S. Government Printing Office, 1970.

²Binstock, Robert, The Roles and Functions of State Planning Systems: Preliminary Report on a Nationwide Survey of the State Units on Aging. Waltham, Mass.: Brandeis University, 1972.

significant results for the older persons for whom the efforts were purportedly benefiting.¹ Other investigators, having looked at samples of both the SUAs and the community projects concluded that the granting of Title III monies was marked by "rampant tokenism" and predicted that the SUAs would continue to "wander in some sort of wilderness" unless clear Federal priorities were established and enforced through appropriate regulations.²

These generally negative conclusions about the grant program under the Older Americans Act were shared by many scholars and practitioners alike, and set the stage for the changes which were proposed in 1972. Persons within the U.S. Administration on Aging (AoA) and in the upper echelons of the Department of Health, Education and Welfare felt that something other than the funneling of monies to the communities, or mandating the State Units (SUA's) to generate resources at the state level, was needed if meaningful and coordinated services were to be made available to the aging. The Area Agency (sub-state) planning strategy originated in this context.

It was hoped that the new Area Agencies would, in essence, serve a "broker" function within the states. Numerous public and private agencies whose services could assist the elderly which are found in the same geographical area could be involved, and the Area Agency would serve to:

¹Hudson, Robert B., and Velez, Martha B., Federal Funding and State Planning: The Case of the State Units on Aging, presented at the 25th annual meeting of the Gerontological Society, San Juan, Puerto Rico, 1972.

²Greenblatt, Bernard and Ernst, Theodore, "The Title III Programs:

- (1) encourage these agencies to give more attention to the aging as they went about their work;
- (2) assist the aging in utilizing these services through "linkage" services, and;
- (3) establish needed services in the areas where none existed.

The earlier Title III community grants had been too small and isolated to undertake these kinds of activities, and in many instances they were located in communities which were too small to have many of the necessary available services. State Units on Aging (SUA's) had been found to be largely incapable of mobilizing resources of other agencies at the state level for the aging, and it was believed to be unrealistic to expect SUA's of limited size to oversee the administration of comprehensive state-wide services to the aging. In sum, the Area Agency concept was designed to meet two needs:

- (1) to create large but manageable geographic areas for service planning and delivery to the aging; and
- (2) to meet the difficulties of meshing existing functional services of other agencies with services aimed specifically for the aging into one "coordinated" system.

The difficulties which the Area Agencies (AAA's) can be expected to encounter in fulfilling the programmatic mandate of the 1973 Amendments should not be underestimated. While the AAA's have some money available with which to fund service providers (and at a 90-10 match), the AAA's have limited funds for such purposes and, more importantly, they do not have the authority or other means to induce the reorientation of the services of local public and private agencies, because these

are funded through other sources within the areas. Purchase-of-service arrangements are possible although AAA money for this, while greater than ever before, is still relatively scarce relative to the extensive services which the aging population needs. Also, much pressure is being placed by AoA-Washington on the AAA's to obtain funds from non-federal sources.

Another factor potentially hampering effective statewide programming is the actual placement of the Area Agencies. Area Agencies can be lodged in either public or private or non-profit agencies. In some states they are located in pre-existing sub-state planning regions which contain Councils on Governments (COG's). While these bodies are usually empowered to undertake planning efforts within their regions, their legal and political standing is often unclear, and they are generally able to plan solely in those areas which the Federal Government supports. In other states where there are no pre-existing areas or Councils, multi-county agreements are being worked out in which AAA's would be designated legal entities. Where private non-profit agencies are used, there are additional difficulties. Aside from the strictly legal questions, there is a more subtle difficulty in the potential unwillingness of a public body to find itself being "coordinated by" a private one.

A second major factor which will affect the success of the 1973 strategy is one which a program designed exclusively for

the aging will encounter no matter how it is organized. The needs and wants of the aging as a population group are in many instances "indivisible" from others who are younger in age. There are persons who are poor, isolated, and institutionalized or who are in need of housing, transportation, and health care in all age groups--although we would not deny that the aging are found "in need" in higher proportion than other age groups in many of these areas. Because many, if not most, services are provided on the basis of something other than age, any attempt to organize services exclusively for the aging is likely to encounter difficulty. Thus, it is generally agreed that separate facilities for the health needs of older persons, for example, should not be organized, but rather the existing health system should be made more attentive to those infirmities which disproportionately affect the elderly.

For the Area Agencies, this is a difficult undertaking because they have little to offer which would in and of itself induce health providers to provide additional services or emphasis specifically for older persons. Another example of a problematic area is transportation, where the question might be whether to provide services exclusively for the aging (through the use, for example, of mini-buses) or try to obtain better services from existing transportation providers. With limited funds, a separate system specifically for the elderly would be difficult to initiate. Yet, for the same

reason (that is, limited funds and authority) it is difficult, if not impossible, to effectuate change in the established patterns of an agency or provider over whom the Area Agency can exert no direct leverage. Whether or not the new 1973 strategy can succeed in developing a truly coordinated and comprehensive network of services will depend in large part on the extent to which it can overcome these problems. Doubtlessly it will vary a great deal nationwide, and it is too early in the program to make reliable statements as to what the major determinants of success will be. Many of these factors will not be operating in the Title VII Nutrition Program which currently is being administered directly out of the State Units on Aging themselves. Approximately one hundred million dollars or more was available nationwide in each FY 1974 and FY 1975 (and it is anticipated, \$125 million will be available for FY 1976) for the purposes of providing nutritious hot meals for older persons in congregate settings and for delivering "supportive" services in connection with the program. The major question regarding Nutrition in the context of the Area Agencies is the extent to which the Nutrition services will be integrated into the planning of the Area Agencies (AAA's). AoA is encouraging inclusion of Nutrition projects into the Area Plans, but the State Units, not the Area Agencies, have responsibility for designating Nutrition contractors.

CHAPTER III
MONTANA GOVERNMENTAL REORGANIZATION: IMPLICATIONS
FOR COORDINATION, PLANNING AND RESEARCH OF
RELEVANCE TO AGING SERVICES BUREAU (ASB)

The first Montana State Unit on Aging (SUA), the Montana Committee on Problems of the Aging, was created by an act of the State Legislature late in 1965 to administer the provisions of Title III of the Older Americans Act. The first Executive for this Committee was hired in May, 1966. The only other SUA staff member at that time was a secretary. In 1967, the name of the State Unit on Aging was changed to the Montana Commission on Aging.

From its inception until the executive Reorganization Act took effect in 1971, the State Unit on Aging operated essentially as an independent agency reporting directly to the Governor. In November 1971 the Department of Social and Rehabilitation Services (SRS) was reorganized, and the State Unit on Aging was placed in SRS as the Aging Services Division. Then again in 1973, Aging Services was relocated, but still within SRS, then (and now) as a Bureau within a newly created division--the Community Services Division.

A. GOVERNMENTAL REORGANIZATION

The Executive Reorganization Act of 1971 reduced the number of State agencies from 130 independent bureaus to 20 departments under the direct administration of the Governor. The purpose of this Act was to increase efficiency and to save

money, in part by consolidating units performing related functions.

1. State Level Coordination and Planning Mechanisms

As previously noted, in the reorganization Aging Services lost its independent agency status and was placed within the umbrella agency, Department of Social and Rehabilitation Services (SRS)--first as a Division, then later as a Bureau.

In the reorganization implementation, the Governor established an Office of Government Operations to "monitor the functions of the Executive Branch, to evaluate programs and to eliminate wasteful practices."¹ This office also was designated as a "general research and planning arm of the Governor."² The assignment of these multiple functions represented an attempt to integrate in one office directly responsible to the Governor what might be the functions of a Department of Planning and a Budget Bureau combined.

Several persons interviewed in the Study indicated that the Office of Government Operations would eventually serve at a statewide planning level. The long-term aims of Government Operations included developing an integrated programming mechanism which would encompass administration, budgeting, planning and coordination functions for all major agencies

¹State of the State Message, Governor Thomas L. Judge, presented to the 43rd Legislative Assembly (January 2, 1973).

²Montana Manual of State and Local Government, 1973, (Helena: Department of Intergovernmental Relations, 1973) p. 28.

operating at the State level. However, since the time of this research, this unit has disappeared, and the statewide management, planning, and coordination mechanisms which were envisioned as a function of Government Operations are yet to be realized. ASB and other State agencies must look elsewhere for assistance in planning and coordination across State and local agencies.

Other potential planning and coordinating arms were identified as residing in the Department of Intergovernmental Relations--specifically, in the Federal-State and State-local Coordinators' Offices, and in the Division of Planning and Economic Development (and the Research and Informations Bureaus within this Division).

Interviews with selected staff members of these bureaus and offices of the Department of Intergovernmental Relations indicated interest and concern regarding the need for State-wide coordinating mechanisms for interdepartmental planning, along with the data systems required for planning. However, as in the case of Government Operations, neither the staff nor the means for achieving these objectives are currently available. Further, although Intergovernmental Relations supported the idea of State-level interagency planning and coordination,¹ it reported finding resistance from State agencies which did not want their activities coordinated because of its potential infringement on their autonomy.

¹Among the "Principal Goals" listed in the FY 1973 Annual Report of the Department of Intergovernmental Relations is "liaison between Federal, State, and local governments for greater efficiency and use of funds."

2. State Level Research and Information Systems

The persons responsible for research and statistics in Intergovernmental Relations provided a similar story to that reported for planning and coordinating mechanisms. They expressed a willingness to coordinate data relevant to aging across a variety of agencies and programs. In discussion, however, it was apparent that no unit in this Department has the authority to systematically collect and coordinate information for all State agencies nor for local and Federal programs. In spite of the recent governmental reorganization, the departments remain independent--as do their respective research and information bureaus. In addition, the staffs of these bureaus are relatively small, ranging from one to five persons. Although one bureau, Information Systems, appears to have the potential capacity to undertake the kind of full-scale data retrieval and coordination which might be required for state-wide planning and coordination, it has neither the authority, budget, nor the staff to enable it to collect and analyze the data, much less to provide it in a useful way for the different State agencies (although it does so on a contractual arrangement, for departments requesting it).¹

From the sparse data reported in the Section on Montana and Federal Programs of relevance to the Aging (see Chapter II of the Final Report), and from replies to interview questions

¹Information Systems reported it had over 4,000 requests for data in 1973 alone.

the various divisions, bureaus, and units within SRS. Adult Services reportedly was developing a computerized Social Services System, but neither the SRS Research Bureau nor ASB were informed regarding the individual aspects of this project.

It would appear that the organizational units in the SRS Department each provide their own data analysis as they require it (or they do without it). In essence, they have each assumed responsibility for their individual needs for data--most often without any awareness of existing data or analyses available in the State. At the time of our research, ASB represented no exception to this state of affairs. For example, the ASB staff analyzed much data in preparation for its recent annual State Plan without the benefit of many already existent reports and analyses which would have improved the quality of their study and reduced the time required for their staff on such matters. Neither the Research and Statistics Bureau of SRS, nor Information Systems, nor the research team for Comprehensive Health Planning (each of which had data of relevance to the State Plan required for ASB) were asked to coordinate or to provide data by the ASB staff for the FY 1973 plan. Similarly, SRS statistics are not necessarily coordinated with those kept by Information Systems or other departments in the State. This results, in part, from the fact that there are no mechanisms for coordinating research and information bureaus among State Agencies, much less within them. And, as noted previously, the Reorganization

Act of 1971 does not seem to have altered this situation. Duplicated research effort is likely to have occurred within many other departments, as well as the examples cited here.

5. Information and Data Requirements for Program Evaluation and Planning

Regulations require State Units on Aging (SUA's) to perform a number of functions which necessitate their collecting and compiling information and providing it to relevant parties in their states. Among these requirements are that SUA's set up information and referral systems in coordination with Area Agencies on Aging (AAA's) and other programs of relevance to the elderly. In addition, the SUA's are required to disseminate information to program participants and the general public. Other activities which SUA's (e.g., the Montana ASB) are required to perform, and which require data collection and/or distribution, are:

- a. the monitoring and assessment of activities, projects and area agencies funded under ASB, and
- b. the collection and provision of certain statistical data, particularly census-type data to aid in the development of the State Plan to the assistance of relevant persons at the Planning and Service Area (PSA) level in planning and designing programs for older persons.

In the process of our study, it appeared that much data which was available in the State and which pertained to and would aid efforts to plan and program for the elderly, was not accessible to ASB. As discussed earlier, ASB staff reported little contact with or knowledge of existing data

resources through other State Agencies involved with information-gathering and/or dissemination. As of the Fall of 1973, ASB staff had virtually no association with the Statistics and Research Bureau even within its own Department, SRS.

In addition, in the course of this research, it became apparent that ASB Staff were required to deal with massive amounts of statistical data, without even the use of electronic calculators!

Undoubtedly ASB would benefit from any efforts to coordinate with existing information sources in the State. Also, if ASB computerized (or contracted for) the statistical data it requires,¹ both ASB and the AAA's would improve the bases for some of their decision-making.

At the time of our research (and currently) ASB Staff lack knowledge of computer techniques and facilities. Thus, ASB Staff would benefit from training and encouragement to develop, process, and/or utilize information resources at the State level. Without altering this situation, the question needs to be raised as to whether ASB can offer adequate technical assistance to the AAA's for their own planning and programming needs (which necessarily involve the use of statistical data relevant to their geographic areas). Further, without assistance from ASB, including encouragement from field staff working with

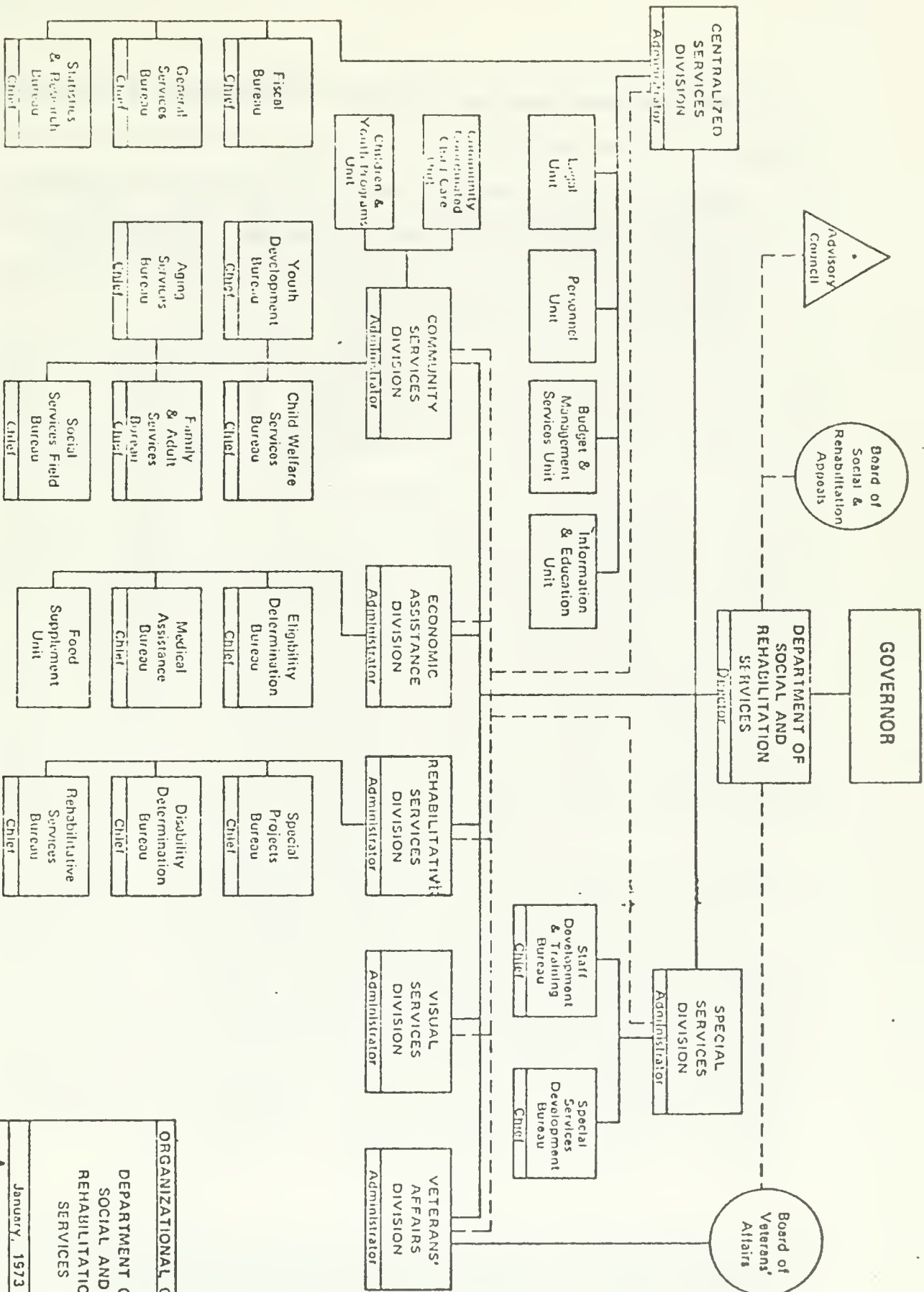
¹This could include the County data utilized in this research and incorporated data already compiled for State Areas by Comprehensive Health Planning.

the local projects and AAAs, it can be anticipated that non-uniform data will be collected across the State, which impede planning at the Area levels.

In addition to shortcomings in data collection and utilization, ASB did not appear to have a clear procedure for evaluating the projects which it funded. With the AAAs now as Funders themselves, evaluation of individual projects has become the responsibility of the AAAs, although the ASB has ultimate responsibility for all such projects. Therefore, to the extent that ASB Staff itself is unclear about measures of assessment and evaluation for its own projects, it cannot provide technical assistance to the AAAs in their evaluation of projects within their local communities.

B. THE REORGANIZATION OF SRS: IMPLICATIONS FOR ASB

As described above, the Executive Reorganization Act of 1971 consolidated approximately 130 independent State Agencies (many under "umbrella" departments) for the purposes of efficiency and coordination. The Department of Social and Rehabilitation Services (SRS) was designated as the new structure in which the Montana State Unit on Aging was to be located. Initially Aging Services was one of several divisions, along with Centralized Services, Economic Assistance, Rehabilitative Services, Visual Services, and others. As described previously in the historical overview, the Aging Services Division was reduced to a Bureau level and placed within the Community Services Division in 1973 (See Figure 3:1).



• Claims Settlement Advisory Council
 Aging Services Advisory Council
 Medical Assistance Advisory Council
 Social Services Advisory Council
 Special Services Advisory Council
 The Family Reconciliation Advisory Council

FIGURE 3:1

ORGANIZATIONAL CHART
 DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
 January, 1973
 Approved By: *Nathan Butcher*
 Director

Community Services was formally established as a Division early in 1973 in order to:

coordinate the community services offered by the State. . . to provide unified community services to all areas of . . . community needs--Mental Health, Mental Retardation and Aftercare Services. . . (and) to develop unified and coordinated. . . program formulation, training, community organization, and research and evaluation.¹

In sum, the result of the State and SRS reorganizations was the reduction of the Montana State Unit on Aging (formerly the Commission on Aging) from independent agency status to a Bureau status within the Community Services Division, which, by its very nature, is devoted to cross-categorical interests. Further, ASB resides within a department whose major functions encompass a wide range of welfare programs and services.

The major issue related to the reorganization concerns the effect of ASB's location in SRS on ASB's capability and performance. In the course of this research, the five ASB professional staff members interviewed expressed both positive and negative views about the Bureau's location in SRS.

On the positive side, a former ASB Executive indicated in an early interview (9/71) that he believed the reorganization placing his agency in SRS would enable Aging Services to utilize existing SRS resources in such areas as accounting, public information, and personnel. Further, he thought his agency's financial position might be enhanced by this new

¹Six-Month Report of the Administration of Governor Thomas L. Judge: Jan. 1 - June 30, 1973, Helena, MT, 1973, p. 13.

structural arrangement. He also believed that he would be able to maintain his relationship with the Governor, even though the umbrella structure of SRS would place another layer of administration between himself and the Governor's Office. In a later interview (9/73), however, the same Executive indicated his preference for ASB's returning to independent agency status, answering directly to the Governor. He stated that, as a result of ASB's location in SRS, he no longer had "the ear of the Governor."

Other generally pessimistic views regarding ASB's status and location were expressed by ASB staff. One staff member remarked that ASB was "a stepchild of SRS," when expressing concern that this Bureau had lost both fiscal control and the authority to fill certain staff positions as a consequence of the reorganization. An example given was that ASB would be sharing a fiscal staff person with another SRS bureau instead of having its own full-time fiscal officer.

Another concern was that ASB field representatives would eventually operate under the direction of SRS "District Supervisors," possibly losing their autonomy.¹ Another negative view noted by several ASB staff members was that SRS is thought of by many senior citizens, as a "welfare department" (because of its Economic Assistance Division) and that this

¹Technically under current Federal regulations, ASB field staff would be required to report directly to the ASB Chief, rather than to other SRS Officials.

image mitigates against the positive involvement by the elderly in ASB's programs.¹ From these and other similar statements, ASB staff members indicated concern regarding their ability to successfully fulfill their responsibilities including "leadership-planning"² by SRS. Overall, the views of the ASB professional staff then, were generally more negative than positive regarding Aging Services' location in SRS. Administration on Aging Regional Office staff members interviewed shared these generally negative views regarding ASB's current status and placement.

A diametrically opposed picture was given by SRS officials interviewed regarding the many assets associated with the placement of Aging Services in its Departments. For example,

¹The perception of SRS as having a welfare connotation was discussed by many other persons interviewed on the topic. Of related interest is the research finding that nearly half of the respondents interviewed with the Political Leadership Schedule indicated that "self-help" tradition, with its emphasis on independence and self-sufficiency along with the rural character and life-style required special consideration in programming for older Montanans. Based on their value of independence, elderly participants are likely to oppose any program which they may associate with "welfare."

²Leadership-planning includes coordination of services, statewide planning and establishing liaison with organizations to meet the needs of the aging.

one Division Administrator within SRS stated that the current Bureau arrangement was structurally sound because "aging is a categorical program with a limited number of people to whom it applies." When ASB existed as an independent agency, according to the same respondent, it had little contact with SRS for possible information and referral to the various social services contained within SRS. Positive reasons given by other SRS officials for maintaining the current structural arrangement focused on the potential for the "cross-fertilization of ideas" between ASB and other SRS Divisions and Bureaus.

Other SRS officials indicated their willingness to grant ASB autonomy, stating that they actually wanted ASB to take more initiative in developing relationships with (1) other State and local agencies offering services relevant to older persons and (2) relevant legislative committees and the State Legislature.

Thirty other persons were asked to comment on the same issue.¹ Of the 23 who indicated an opinion on the subject, 9 (39.1%) were positive, 8 (34.8%) were ambivalent and 6 (26.1%) were negative. Approximately 46% of the reasons given for approving ASB's location in SRS were that it enhanced the Aging Services' possibilities for coordination and planning with other programs offering services and financial aid to the elderly in SRS.

¹This question was administered to (1) Title III program grantees (N = 18), (2) ASB Advisory Council Members (N = 5), and (3) Legislators and Legislative persons (N = 7).

Interestingly enough, more than a third of the reasons given for being opposed to ASB's current position in SRS and for supporting ASB's reporting directly to the Governor also related to coordination and planning (e.g., that ASB's lack of independent status in SRS hampered its efforts in coordinating and planning in its own behalf).

Among the reasons given for Aging Services needing a direct line to the Governor were that the agency would then have (1) sufficient power and autonomy to innovate freely and (2) that it would have a better opportunity to obtain the financial, political and other resources required to adequately implement its programs.

The other major negative argument advanced by respondents regarding ASB's location in SRS (which was also raised by the ASB staff interviewed) centered on the location of aging programs in a "welfare department." Respondents indicated this resulted in one or more of the following: (1) a negative image of aging programs by senior citizens, (2) constraints of bureaucratic welfare department ways of doing things inhibiting the potential for innovation which exists for aging programs under the Older Americans Act, and (3) the application of the welfare department version of social work service to aging programs (and these were described as conceptually different from the services to be provided through the Older Americans Act and its amendments by the State Units on Aging).

A realistic assessment of the effect of ASB's structural location in SRS is made difficult by the fact that, at the time

of this research, ASB was plagued by internal problems which resulted in its having less autonomy within SRS than it probably would have otherwise had. The same organizational conflict undoubtedly contributed, as well, to ASB's lack of actual coordination with other bureaus and divisions in SRS.

The need for coordination between ASB and other State and local entities was re-emphasized later in the interviews when almost 60% of the respondents suggested "coordination" in response to a question which asked, "Are there some new directions in which you think ASB should go?" In elaborating on the need for better coordination, respondents noted it was lacking at both the State and local levels. Coordination between agencies within SRS was also specifically cited as lacking.

A related finding bearing on the issue of the advantages and disadvantages of ASB's location in SRS is the fact that there were (and are) no specific mechanisms for achieving coordination (beyond information exchange) between programs within SRS, much less between SRS and other agencies. SRS staff meetings, held weekly for Division Administrators and monthly for Bureau Chiefs, appear to be the only department-wide means by which coordination could possibly be provided--yet these meetings were described as largely informational in nature.

Therefore, ASB, as a Bureau, formally has only monthly contact with other SRS Bureaus and little or no regularly structured communication with other SRS Units and Divisions. Thus, although coordination was a major rationale underlying ASB's placement in SRS, it remains a problem in spite of the reorganization.

Further, at the time of the research, the Community Services Division (in which ASB resides) had neither a coordinating mechanism nor regular meetings of the Bureaus under it. However, in an interview with the newly appointed Administrator of the Division in 1974, he indicated his awareness of the need for instituting regular meetings to insure coordination at least within his own Division. The first such meeting was held in January, 1974. We now understand that Community Services Division key staff meet periodically.

A final consideration bearing on the issue of ASB's location in SRS relates directly to its placement in the Community Services Division. Interview results indicate that the focus of this Division is on the common concerns at the community level, which apply across age lines. It must be noted, however, that while many areas of need are shared by different age groups, not all are equally common to the various age strata. Minimizing differences in the intensity of some problems experienced by young and old, for example, could result in

less effective services rather than more effective services either for older or younger persons in some cases.

The location of aging in a division oriented to all age groups raised another issue, long debated in gerontological circles--that is, whether services, programs, and so forth should be "age-segregated" or "age-integrated." In an example of the first instance, aging services would be segregated from youth services, and in the second instance, these services would be integrated. Arguments have been advanced that, when aging programs and services are administratively or otherwise integrated with other interests, the aging component is likely to receive a relatively low priority and resultantly will not have the same emphasis accorded to other age groups. Further, the staff in age-integrated programs may lack important technical skills or expertise required by different population segments.

In summary, the potential coordination and cross-fertilization, most often listed as one of the major benefits of ASB's placement in SRS, does not appear to have been realized. Although initial steps have been taken in at least two cases (with the joint hiring of a staff person by ASB and another agency in SRS and the initial efforts to call Community Services Division Staff meetings), formal mechanisms are lacking to assure program coordination and problem-solving in SRS. In addition, as described earlier in this section, there has been little communication between SRS's Research and Statistics Bureau and ASB.

Three other major issues were discussed by Study respondents in regard to ASB's location in SRS. The first one, reported primarily by ASB staff, was the issue of the Bureau's autonomy and control. However, because of the internal conflict in ASB at the time of our field work (Summer and Fall, 1973) and the close monitoring which this situation necessitated by SRS officials, the extent to which the issue of SRS control over ASB was endemic to the current structural arrangement is unknown.

The two other issues of greatest concern to those interviewed were ASB's current placement in:

- (1) a Department which possibly carries a "welfare" image and which offers predominantly a social work service approach, and
- (2) a Division not necessarily sympathetic to the particular and often extreme needs of older persons.

Further, in comparing ASB's program with other categorical programs which have SRS "division" status, the rationale for assigning ASB or other categorical programs "bureau" or "division" status (unless all such programs share the same status) is not inherently clear. Given the considerations just noted and the increased amount of funding allocated for ASB programs and services as a result of the 1973 Amendments to the Older Americans Act, persuasive arguments could be made for raising Aging Services, at least, to a Division status within SRS again--if not for re-establishing it as an independent unit reporting directly to the Governor.

CHAPTER IV

MONTANA AGING SERVICES BUREAU:
FUNCTIONS, PRIORITIES AND ADVOCACYA. FUNCTIONS AND PRIORITIES OF AGING SERVICES BUREAU

1. Functions, Responsibilities and Goals

The Montana State Unit on Aging was established to administer the provisions of Title III of the Older Americans Act of 1965, as amended. Currently, its responsibilities include the administration of Title VII provisions of the Act, as well as the Title III program in the State. Statutes governing the operation of the Agency in Montana are found in Sections 82-3501 through 82-3505, R.C.M. 1947.

According to a statement of program objectives filed with the Montana State Government, the State Unit on Aging is organized:

to provide effective State-wide planning on behalf of all older persons in the State through special studies, including analysis and data gathering; review and analysis of all major programs and services for the elderly in the State; and liaison with all other State planning efforts on behalf of older persons at local levels throughout the State. The State agency encourages the planning and submission for analysis and approval of projects of local interest by sponsoring groups concerned with problems of elderly persons. Such projects are financed, in part, with Federal and, in part, with local funds and are designed to provide counseling and referral services for older persons, recreational and other leisure time activities, and volunteer community or civic services pertaining to health and welfare activities. The agency engages in problems to disseminate information State-wide to elderly people to keep them informed in all areas of interest.

"Leadership-Planning" is a term which is employed here to describe the particular responsibilities assigned to State Units on Aging (SUA's) under Title III of the Older Americans Act of 1965 (and re-emphasized with the 1969 Amendments). As described by Binstock and his associates, leadership-planning includes:

coordination of services; statewide planning and evaluation; data-gathering and/or studies; heightening visibility and awareness of the aging and their needs among legislators, administrators, and the public; mobilizing popular or political support for the aging; establishing influential state advisory councils, commissions, and committees; establishing liaison and other forms of cooperative arrangements among existing agencies; and proliferating community-based organizations to carry out these same functions on a local level.¹

The overriding objective of leadership-planning is to involve public and private organizations which allocate funds, promulgate and enforce rules and regulations, and provide services and programs, in more effectively meeting the needs of the aged. Since the vast majority of funds, programs, services, facilities and regulations affecting, or potentially of value to older persons, are controlled by agencies that have responsibilities to persons of all ages, a major objective of leadership-planning is advocacy on behalf of older people, i.e., sensitizing such agencies and organizations to the needs of the aged so that they will act more vigorously to be of service to older persons.

¹Binstock, Robert, The Roles and Functions of State Planning Systems: Preliminary Report on a Nationwide Survey of the State Units on Aging, Brandeis University, Waltham, Mass., 1972.

Leadership-planning, of course, is not the only type of responsibility the State Units on Aging (SUA's) carry out. Often the primary activity of the SUA's is to provide Title III grant-funding within their states, which has led them to become, in effect, the administrators of a decentralized network of services and facilities that are exclusively for the aging. Some SUA's have also provided services such as State-level centralized Information and Referral Programs for the elderly.

An overriding issue, however, previously noted in the discussion of the most appropriate structural location for the Montana SUA,¹ is whether the major functional systems on which all citizens are dependent--health care, public health, education, transportation, social services, housing, employment, and recreation--will give adequate priority and service to the aging and their needs. This is a major part of the challenge posed by the responsibility to undertake leadership-planning--and it is a challenge for the Montana Aging Services Bureau (ASB) since it is located in a Department and Division, both of which are devoted to the concerns of a number of groups, of which the elderly represent only one.

2. Organizational Goals: ASB

Staff perceptions of the ASB's responsibilities and goals were examined in order to assess, among other factors, the extent to which they were congruent with the responsibilities

¹See Section 3 in this Summary Report.

embodied in the general concept of leadership-planning.

Staff Perceptions of Goals were discussed in lengthy interviews with all five professional staff members of the ASB. At the time of the Study, there were no clearly formulated goals generated by the ASB staff as a whole, as indicated by the varied responses given by individual staff members. In general, their perceptions of the goals of the Aging Services Bureau could be grouped into the following categories: funding matters, public relations, advocacy, planning, information, communication with senior citizen groups, liaison with legislators and constituents, and providing direct services. Goals, in terms of funding matters, included both management and implementation of funds and, in terms of public relations and advocacy, they included both creating awareness of problems related to the aging and implementation of proposals directly related to ASB's own programs for the aged.

This corroborates a major finding of the recent National Study by Binstock and his associates regarding the importance of leadership-planning responsibilities for State Units on Aging across the country--that leadership-planning activities such as advocacy and statewide planning and coordination, although receiving major emphasis in the 1969 legislation, were not perceived as responsibilities by 40% of the SUA Executives.

... in terms of their own staff assignments. i.e., they viewed goals in terms of their own staff assignments. This, in itself, was probably a consequence of the lack of any overall organizational decisions on goals. Advocacy-oriented activities were discouraged according to some staff members. The ASB staff interviewed, with the exception of the former Chief, indicated that they were specifically prohibited from engaging in legislative endeavors or in other activities which might bridge the gap (or coordinate) between ASB and other relevant areas of State Government. If these activities were to be undertaken at all, they understood them to be the sole responsibility of the Bureau Chief.

The former Chief, in turn, viewed his responsibilities primarily in terms of administering the program and supervising the staff of the Agency. As carried out, these activities were not seen as advocacy-focused. Instead, they appear more oriented toward protecting and/or maintaining the status of the ASB Chief and his organization (i.e., intra-organizational in focus) than toward the extra-organizational thrust emphasized by the concept of leadership-planning.

B. ADVOCACY GROUPS AND ACTIVITIES

There appeared to be not only a lack of comprehensive documentary data on legislative matters of importance to older citizens in Montana, but also relatively little

knowledge about such matters on the part of the Study respondents. The other side of the coin is that there also appeared to be relatively little current legislative activity on behalf of the elderly of Montana at the time of the Study. Further, to our knowledge, no group or agency has been or is currently solely devoted to such as advocacy role.

"Advocacy" on behalf of the older citizen encompasses a number of activities. The most obvious is legislative and administrative lobbying, per se, e.g., drafting or amending legislation, offering advice and stimulation for the introduction and passage of provisions on behalf of the elderly.

Perhaps the next most obvious advocacy activity is public relations; that is, providing information to and educating the public, special interests, their elected representatives, and relevant State and local agencies about the conditions, needs, and desires of the elderly as well as about existing and potential programs and services for older people. This stimulation of public and interest group pressure for the introduction and passage of relevant legislation is, of course, an ultimate goal of such public relations activities.

Both lobbying and public relations, so defined, can be considered "advocacy output" activities. Prerequisite to such output activities are what might be called "advocacy input" activities. In brief, the advocacy groups and agencies must research and gather current, comparative, and historical information about the conditions, needs, and desires of the elderly.

The discussion now focuses on the groups and/or agencies which might best carry out all or part of these advocacy activities in Montana. First, it should be noted that neither the previous nor the current ASB Chief considered active legislative advocacy--at least in terms of lobbying--an appropriate role for the ASB. The essential reasoning behind this position appeared to be that ASB should remain "non-political" and that legislative advocacy was considered "political." However, they and several ASB staff members did advocate different degrees of entry into the legislative area. As described in interviews, SRS policy at least encouraged a somewhat constrained advocacy role for ASB. Nevertheless, SRS, as one of the major State human resources umbrella agencies, has retained higher authority responsibility in these activities.

Certainly the ASB Statewide Advisory Council could possibly fulfill at least some of these advocacy functions; however, unfortunately at the time of the Study, neither the ASB staff nor a majority of the Advisory Council members who were interviewed believed that political advocacy for the elderly was an appropriate role or function of the Council.

In an earlier interview with the former ASB Chief, he indicated that he envisioned the Advisory Council as functioning primarily to endorse and to politically protect and support ASB programs. In contrast, another active member

of the Advisory Council expressed the view that the Council should be involved in political policymaking and not merely function as a rubber-stamp for ASB.

In terms of informational output and input for advocacy activities in Montana, Area Agencies on Aging and the local County Councils on Aging would seem to be the vital links to the constituents served by Montana's programs for the aged. However, it would seem that their potential would be confined to the populations of the geographical area and local government which they represent. The need for Statewide coordination for these and other activities will remain, and whether such coordination might be aided or complicated by the new Area Agencies on Aging remains a question at this time.

Outside of the SRS-ASB realm itself, there are other possibilities for focused official "political advocacy" on behalf of Montana's elderly. For example, the possibility for the establishment of an official Joint Legislative Committee for Montana's aging could be explored. Both the Montana House and Senate presently have standing committees on Public Health, Welfare, and Safety, but these are not aging-specific in their orientation.

Another level of possible official political advocacy on behalf of Montana's older citizens should be mentioned. The Montana Legislative Council was suggested by one of the Study's

Legislative respondents as a potential sponsor for studies of the ways in which the State Legislature might effectively provide solutions to the problems of older Montanans.

The annual Governor's Conferences on Aging were mentioned by a number of Study respondents as not only having educational and coordinative values, but also as illustrative of a potential mechanism for advocacy activities on behalf of Montana's elderly.

The actual and potential advocacy roles of non-governmental--private and voluntary--groups and organizations in Montana were also examined.

1) Organized labor. At least the Montana AFL-CIO, appears to be partially fulfilling a legislative watchdog function for older persons ("retired union members," among other of its constituencies). The Executive Secretary of the Montana AFL-CIO told the Researchers that his organization is "the most cohesive advocate for seniors . . ." in the State. It has an active lobby ("legislative committees"), and urges its members to attend public hearings and to contact legislators on issues of importance.

2) American Association of Retired Persons (AARP). At the time of our research, this organization claimed that 19,700 "national members" were residing in Montana (of 5-1/2 million nationwide). In addition, 15 local chapters were recorded in the State (of 1,400 throughout the country), with an estimated chapter membership of 2,300. These chapters are

located primarily in the larger towns. However, AARP has no "State" organization as such. It is a "traditional" national voluntary organization for older Americans which does not have an active advocacy role within the State specifically for the problems of older Montanans.

3) National Retired Teachers Association (NRTA). This voluntary organization also seems to be oriented primarily to national programs and activities, rather than to those specifically within Montana. When studied, it claimed thirteen local associations and a total membership of 1,322 (of the 3,245 retired Montana teachers on the rolls of the Montana Teachers Retirement System--some of whom now live outside the State).

4) Montana Senior Citizens Association, Inc. This recently formed Statewide senior citizens organization could potentially fulfill many necessary advocacy functions. It was founded during the 1973 Governor's Conference on Aging, according to its President, in order ". . . to bring the influence of Montana's senior citizens to bear upon legislative, social and economic problems through a comprehensive program of information, organization, and education."¹ At the time of the Study, the Senior Citizens Association reported it intended to keep the elderly informed of social and legislative issues by the way of Senior Centers. As of this writing, its advocacy potential remains to be determined.

¹From SRS News, 4 (5), Nov.-Dec. 1973, p. 11.

Given the relatively weak advocacy efforts of the official State Unit on Aging, the Aging Services Bureau, and its State-wide Advisory Council, it might be speculated that this last (or other) private organization(s) will necessarily constitute the major organized advocacy efforts for older persons in the State. Given the lack of statewide organizations characterized by even moderate levels of grassroots and financial support, the future for advocacy on behalf of older Montanans does not appear extremely bright.

CHAPTER V

MONTANA AGING SERVICES BUREAU (ASB)

INTRODUCTION

Study respondents were asked whether the aged in Montana, as a population grouping, were more deprived than other groups. Mixed views were expressed in response to this question. Only slightly more than one-third (36%) perceived the older group as more deprived, while almost as many (31%) did not see them as more deprived than other groups.¹ One-fourth (25%) of the persons interviewed did not have an opinion on this issue or they claimed to have insufficient information to answer the question. Even those who were interviewed representing the programs funded by Title III ASB monies were divided fairly equally in their assessment of the deprivation of the elderly relative to other groups. Three of the seven legislative respondents did not think the aged were any more deprived while one legislator thought they were. In explaining their

¹The total number of persons interviewed regarding this and most other questions in this chapter was 38. Of these, 18 were Title III project directors, 7 were Montana State Legislative members or staff, 5 were ASB Advisory Council members, 3 were SRS officials, 2 were Directors of other State Agencies, 2 were community leaders, and 1 represented a private organization working in the field. Although more than 150 persons provided Study data, these 38 respondents and 5 ASB staff members provided the answers to most of these questions in formally structured interviews.

reasoning, they indicated that there was no doubt that, while great numbers of the aged population were deprived, there seemed to be a high priority for dealing with the needs of all deprived groups simultaneously.

Respondents were also asked if they thought that there were special characteristics of the State requiring consideration in relation to providing services or involving older persons in programs for this population segment. The nature of the geography of Montana was mentioned by almost two-thirds (63%) of the respondents as meriting special consideration. They stated that the scattered population and great distances between communities created serious problems in formulating plans for programs, especially in the absence of transportation.

The significance of the size and population dispersion of the State was also shown in the responses to an interview question regarding unique characteristics of the State. Approximately forty-five percent of the respondents stated that the people of Montana had developed unique lifestyles in response to the challenges of survival in the State, and these were characterized by strong feelings of independence, and the ability to improvise in the face of life threats posed by the geography and climate. It was frequently noted that the frontier spirit persists in the rural aged population.

In summary, the Study has shown that the persons interviewed perceived the elderly of Montana as being a group of persons deprived of needed services, but, perhaps surprisingly, not necessarily more deprived than other population groups at risk. The size, geography and scattered population of the State have contributed to making some needs of older Montanans possibly more critical than those of the elderly in other states. Among these, the need for transportation services is the most critical. Information gathering, synthesizing, and the dissemination of the information in the planning process, as well as advocacy, are all tactics suggested to achieve the funding requisite to the provision of necessary services to alleviate some of the deprivation which many older Montanans are experiencing.

It is in this context that an examination of ASB's budget allocations, funding priorities and program strengths and weaknesses is most easily understood.

A. ASB's BUDGET

1. History and Development

The Budgets for the first two years (1966 and 1967) of the Montana State Unit on Aging (SUA) could not be located by ASB or SRS staff for this Study. Because originally ASB was an independent agency, SRS did not have this fiscal data for the SUA; ASB could not locate the Operating Budgets in their files, and gubernatorial changes resulted in the

unavailability of official SUA records which had been filed there earlier. For this Report, other sources were utilized to obtain unofficial reports of the 1966 and 1967 Budgets for the Montana SUA. These data are incomplete; consequently, the following discussion about the financial aspects of the first two years of the SUA undoubtedly contains inaccuracies.

No State monies were officially appropriated for the year, 1966,¹ when the SUA was created in December, 1965, by an Act of the 39th Montana Legislative Assembly. However, \$5,000 was provided by the Public Employees Retirement System, and this amount was "matched" by another \$5,000 of Federal funds. The \$10,000 covered only operating costs of the SUA. For that first year, the State was entitled to \$30,000 for administration of the aging program on a 50-50 matching basis, e.g., \$15,000 of Federal money, matched by \$15,000 of State money. Montana received only 33% (\$10,000) of the monies available, with matching, for State programs for the aging in 1966. Our analysis of the dates for which funding by the Montana SUA commenced shows that Title III grants were awarded for two projects which commenced in 1966 (approximately \$17,000), but records did not indicate any checks written for Title III projects in that year.

¹Brighter Golden Years: A Brief History of the Montana Commission on Aging, (1966-1971), Helena, Montana: Commission on Aging, 1971, p. 10.

While it is known that the same amount (\$30,000) was technically available for administrative costs of the Montana SUA in 1967, the only data available for 1967 are drawn from financial ledgers for the individual Title III projects supported that year. No data could be located on the operating expenses for the SUA. ASB Ledger sheets on funding indicate that the Montana Commission on Aging paid out \$85,603 in Title III awards in 1967,¹ which funded four new projects and continued two projects begun in the previous year.

For the subsequent years, 1968 through 1973, it was possible to obtain official State financial records. Comparing these figures with those just reported, it is apparent that the Title III funds for individual projects awarded by the Montana SUA have increased more than twelve-fold just in the first six years of the Agency's operation alone (from

¹A discrepancy must be noted between our findings, based on ASB ledgers, and those reported in the pamphlet, Brighter Golden Years. We found a total of \$85,603 in Title III Projects for 1960-1967. In Brighter Golden Years, p. 11, however, it is reported that "In the first two years of operation \$230,270 in Federal money has been received to fund Title III Projects." The discrepancy could emanate from the different years used for analyzing these data (fiscal vs. calendar year). The analysis from agency ledgers reported here is based on calendar years; it is not known if the figures reported in Brighter Golden Years are based on fiscal or calendar year funding. Another explanation could be that the \$230,270 is based on dollar amounts available but not actually obligated.

\$98,458 in fiscal year 1968 to more than one million dollars in fiscal year 1973). In this same period it is estimated that dollar expenditures for operations increased almost ten-fold (from less than \$22,000 to \$212,000).

At the current time (March, 1975) AoA budget projections are that Title III funds and administrative monies for 1976 will be continued at approximately the same level for Montana as in FY 1973, 1974, and 1975 with approximately \$493,000 for Title III and \$160,000 for administration. Estimates vary regarding the outlook for Title VII funding--either that it will be continued at approximately \$507,783 for the State or that it may be increased very slightly. Given current inflationary costs, however, the maximum potential National increase in Title VII funds (from \$100 million to \$125 million) for FY 1976 will not even offset increased expenditures for existing projects. Thus there will probably be no new Nutrition projects in Montana or other states. Further, if funding levels remain fixed, existing projects may be forced to cut back services.

2. Montana Budget Allocations for the SUA: Budget Ceilings and Potential for Program Expansion

Since it has been in SRS, ASB's budgets have been developed in the following manner. Aging Services prepares a budget largely based on Federal allotments available for Montana under the Older Americans Act, as amended. It is then reviewed by a member of the Centralized Services Division and the Director's Office of SRS. When all SRS sub-unit budgets

are approved within the Department, they are forwarded to the Budget Office in the Department of Administration for review prior to inclusion in the Governor's Budget. The Executive Budget is then submitted to the Legislature.

In the past, the Governor has sent out general ceilings and guidelines prior to the budget submission period. For example, prior to the budget period at the time of the Study, the Governor reportedly sought to limit budget expansion by forwarding a statement to all departments that he would not welcome new programs. Nevertheless, the largest State Budget was passed, and it contained new programs in it. In fact, one respondent reported that it was relatively easier to get financial support for good ideas under this Governor than it has been in the past. Further, SRS programs suffered no significant budget cuts for fiscal years 1972-1974.

It was reported that ASB had never suffered major cut-backs in its budget requests--nor had it experienced particular difficulties during the approval processes, either at the Executive or Legislative levels. But also, it was conceded that ASB "never asked for much." In fact, it appears the State only met the minimal matching level in FY 1973. Further, unlike a number of other states, Montana has never exceeded the minimum "match" in its state funding of Older Americans Act programs.

At the time of this Study, disagreement existed among the ASB professional staff regarding (1) the adequacy of past budget allocations and (2) the extent to which increases were needed. Two major ASB policy makers indicated that the current funding level was adequate. Further, they reported opposition to the rapid growth of the agency which they said increased funding would precipitate. "It is better to grow gradually . . . in building a new program." This relatively conservative budgetary view was not mutually shared by others in the Agency. Three of the remaining four professional staff members said current allocations were inadequate, resulting in a staff which was not large enough to fulfill the Bureau's responsibilities under the Older Americans Act. Two of these persons were even concerned about ASB's potential for obtaining the full State "match" required to receive the basic administrative monies to which they were entitled for FY 1973 (a concern, incidentally, which was not borne out after the interview).

In general, then, ASB had not been aggressive in seeking funding from the State beyond securing the minimum amount required to "match" and receive the minimal allotted level of Federal funding for Montana. In any event, SRS reported it felt a commitment to provide the necessary Department funds to enable Aging Services to obtain its full allotment of Federal

funds. At another government level it was reported that Montana had never exceeded these allotments (and, for a number of years, the State had not reached this allotment level) in terms of State money appropriated to "match" Federal funding. The same respondent indicated that, in contrast, other states in the Rocky Mountain Region had not only reached but also exceeded these minimum levels in terms of dollar allocations for their State Units on Aging. At this point, however, it should be clarified that increasing the State level allocations for programs administered by the Montana Aging Services Bureau would not augment the amount of Federal dollars currently available to Montana for these programs. In other words, there is a "ceiling" on the available Federal funding, and Montana has "matched" State dollars for the total amount of Federal dollars available for the State since fiscal year 1973.

It should be noted that the Mill Levies made possible in Montana by HB 81 represent an additional source of funding of programs for the aging in the State. Revenue Sharing funds also represent other possible sources of funding at either the State or local levels.

The possibility of expanding good social programs and of initiating new ones in the State of Montana was described optimistically by one SRS official who observed that, for the first time in Montana's history, the Legislature was dominated

by members representing urban areas, and it is now more open to progressive programs. The "conservative rural legislature" of the past was described as not very supportive of social programs.

In this context, it appears that the potential exists for further commitment by the Legislature to funding aging programs at the State level. Certainly, in this Study, interviews with selected Legislators and legislative staff members indicated positive concern and interest in legislative solutions to the problems of Montana's elderly. It would appear a fruitful possibility if ASB were to provide the leadership in suggesting programmatic and/or other legislative remedies in this area.

All in all, the potential for expanding ASB's program appears to exist, and SRS officials might even assist in such efforts.

3. Funding Patterns and Priorities

The data summarized here are based on an examination of the major types of projects funded by ASB, from the inception of the Agency through 1973. In the early years of the agency, ASB funding emphasis was on Senior Centers. Beginning in 1972, the emphasis on funding Centers declined markedly--at which time ASB began to fund Nutrition Projects and County Councils on Aging, in anticipation of the passage of the current 1973 Amendments to the Older Americans Act. As discussed previously, these amendments provide for the

creation of a national nutrition program through Title VII and sub-state planning systems of AAAs through Title III funds. It is anticipated that Senior Centers will receive continuing ASB financial support primarily to the extent that they are involved either with Title VII Nutrition Projects or with providing high priority services through AAA approved Title III funding. Even so, in each local area, other types of service programs undoubtedly will be competing for such funding as well. Therefore, the future for the funding of Senior Centers by ASB is unknown at this time.

To summarize, the major feature of ASB's programs, as indicated by levels of dollar support, has been the Senior Center, followed by nutrition and training projects. From the data presented in the Final Report, it can be seen that from the period of 1966 through 1973, neither health or health-related projects were a major aspect of ASB programming; nor did transportation projects receive much emphasis. These aspects of ASB's program are noteworthy in view of the fact that both of these areas are known to represent major problems for many, if not most, senior citizens. And in Montana, particularly, transportation was reported by many Study respondents as one of the most serious problems faced by older persons.

Moreover, it is apparent that the PSA's are unequal in terms of the proportion of State population which they contain which is elderly, elderly poor, and elderly minority. And,

until 1974, the ASB per-capita funding for persons 60 years of age and older, by county (and by PSA), was unevenly distributed--ranging from a low of zero from some counties to a high of \$78.96 per-capita funding for older persons in one County to support Title III direct service projects. As a result of this lack of comparability between funding levels and population distribution, study recommendations (see Chapter VI) were made for ASB to alter future resource allocations to provide equity in funding to PSAs and AAAs relevant population characteristics. (As described in the Epilogue, the recommendation has been implemented.)

B. ASB'S CURRENT PLANNING AND PROGRAMMING STRATEGY: COUNTY COUNCILS, AREA AGENCIES, AND PLANNING AND SERVICE AREAS

As noted previously, the thrust of the 1973 Amendments to the Older Americans Act has been to encourage planning and programming at multi-county, county and local areas, primarily through the establishment of Planning and Services (PSA's) and local planning organizations within them, designated as Area Agencies on Aging (AAA's). Current legislation specifies that each state will be divided into Planning and Service Areas (PSA's) and within those PSAs, Area Agencies on Aging (AAA's) are to be established, with the function of determining priorities and acting as a clearinghouse for all Title III grant requests from agencies within the PSA. According to Federal regulations, an Indian Reservation can be designated a distinct PSA wherever possible.

In meeting these legislative requirements, it is known that different states have designated PSA's in different ways. For example, some states have designated the entire state as one Planning and Service Area, thus sidestepping the potentially explosive political issue of selecting priority areas for program emphasis by drawing PSA boundaries and selecting AAA's within them. Other states, including Montana, have decided to divide the State into a number of geographic areas. In Montana, with one exception, the PSA's have been designated according to Areas already employed by the State Government for official planning and administration.¹ In addition, the State has designated its seven Indian Reservations (and the 10 Tribes in them) as a single PSA, with the subsequent funding of the Intertribal Council to determine the location of the AAA for this PSA.

According to regulation, the Area Agencies on Aging (AAA's) in each PSA may be either a public or non-profit private agency or organization. Prior to the designation of Area Agencies, the state agency must obtain the views of "the general purpose

¹One Area drawn for State administrative purposes was split into two PSA's. The rationale for this decision was that this one Area contained two strong County Councils on Aging. Dividing the Area into two PSA's avoided the inevitably controversial decision to designate one of these Councils as the AAA over the other.

local government" concerning such designations. In general, preference is to be given to the location of Area Agencies within the general purpose local government in the PSA. Further, preference is to be given to established offices on aging.

Other relevant regulations are that before an agency will be designated an Area Agency (AAA), the state agency must obtain adequate assurances that the AAA will have the authority and capacity to develop an Area Plan, and to carry out, directly or through other arrangements, a program pursuant to the Plan within the PSA. Each AAA is required to develop and submit annually to the SUA an Area Plan on aging which conforms to the provisions of the Older Americans Act, as amended in 1973. At the current time, regulations require that no social service under this plan, except information and referral services, be provided directly by the AAA itself, unless specific approval is granted for this purpose. With the exception of information and referral services and coordination activities, no such approval will be given unless the AAA was providing the social services prior to its designation as the Area Agency on Aging, or unless it can be clearly shown that the direct service delivery is required to assure "an adequate supply" of such services and that no other agency in the area can provide the services.¹

¹See Federal Regulations for Title III of the Older Americans Act as Amended in 1973, especially the Section 903.63 and Section 903.57 as quoted in, Administration on Aging, State Plan for Programs on Aging Under Title III of the Older Americans Act of 1965 As Amended, Washington, D.C.: U.S. Government Printing Office, 1973.

In anticipation of this legislation, the Montana ASB had the creative foresight to establish funding for Area Agencies. More than a year prior to the implementation of the 1973 Amendments, ASB systematically encouraged all Counties in the State to organize "County Councils on Aging." These were to be established by resolution of the County Commissioners. Therefore, in Montana the community planning organizations for the aging (which were to be the forerunners for the AAA's in the Planning and Service Areas) were linked with official local government structures from the outset. In fact, as early as 1972 ASB told Title III grantees who requested continued funding that in order to receive funding in the future, their local communities must establish County Councils on Aging, which would act as a clearinghouse for the funding of Title III direct service programs in the County. In line with this general policy, ASB staff prepared educational materials on the "principles of community planning for the aging" and distributed them to local communities through the field representatives who visited Title III projects in the communities. In addition, ASB distributed a sample copy of a resolution which the County Commissioners might pass in order to establish a County Council on Aging, and information about how to define its membership, determine the terms of office, its purpose, and its duties and responsibilities.

Additional suggestions were provided by ASB staff regarding the organization of these County Councils on Aging. These were primarily in the areas of membership of the Council on

Aging. It was suggested that county employees, i.e., welfare persons knowledgeable about the problems of senior citizens, county health representatives, school representatives, representatives of housing authorities, and representatives of recreation or transportation agencies, might be appointed by County Commissioners as ex officio members of the Council. ASB argued that these public employees would be essential for supplying the Council with expertise in their respective fields, and that they would perform supportive functions in assisting the Council to meet its objectives. ASB also suggested that organized and unorganized groups comprised of interested senior citizens be requested to elect one representative to sit on the Council on Aging as a voting member. It was also recommended that care be taken to assure that the total county area had representation on the Council on Aging.

One major objective of ASB in its 1973 State Plan for Title III, under the Older Americans Act, was "to have a County Council on Aging functioning in each of the 56 counties by July, 1974." The rationale for this objective was described as follows:

"A County Council on Aging in each county can: Provide an inventory of the resources within the county to meet the needs of the elderly and an evaluation of the effectiveness of the services provided by the public and private agencies within the county in meeting such needs; supply community input into the area plan; insure involvement of general purpose local government in the aging program; promote inter-county cooperation with the designated planning and service area; serve as a resource for the Area Agency Advisory Council."¹

¹State Plan for Programs on Aging Under Title III of the Older Americans Act of 1965 as Amended, the State of Montana, Fiscal Year, 1974. Submitted to the U.S. Administration on Aging (October, 1973).

Of Montana's 50 counties, half (28) were reported to have established County Councils on Aging as of October, 1973. Of the remaining 28 counties, all have now established such County Councils. The number of Counties in each of the Planning and Service Areas (PSA's), excluding Area VII (the Indian Reservations) varies widely--ranging from six to seventeen. Undoubtedly, in Montana as well as in other states across the country, the differences between priorities and needs of the constituent counties of any single PSA will pose problems because no mechanisms have been devised nationally for insuring the consideration of individual differences for all the localities represented in any PSA.

As of January, 1975, Montana has officially designated all seven of its AAA's (See Chart 5:1). In each of the Montana PSA's, the AAA designation was awarded to a previously funded County Council on Aging, operating on a planning grant. In January, 1974, Area I, was designated its AAA; Area III was designated its AAA; and Area V became the official AAA. Each of these County Councils on Aging has received ASB funding in the past to support its planning activities. Three other Area Agencies (AAA's) were established in Areas II, IV, and VI in July, 1974. Area VII, representing the Montana Reservation Indians, was designated its AAA in January, 1975. This recent Area VII AAA designation was based on recommendations of the Inter-Tribal Council which received a 1974 Title III grant to develop coordinating mechanisms to determine priorities for planning and programming for the Indian Reservations and for designating the AAA.

CHART 5:1

CHART WHICH IDENTIFIES THE

PLANNING AND SERVICES AREAS FOR MONTANA

Planning and Service Areas (Identified by number)	Counties, Metropolitan Areas, and Indian Reservations within each Planning and Service Area
Area I.	Counties of: Carter, Fallon, Custer, Powder River, Prairie, McCone, Dawson, Wibaux, Garfield, Richland, Roosevelt, Sheridan, Daniels, Valley, Phillips, Treasure, Rosebud.
Area II.	City of Billings. Counties of: Judith Basin, Fergus, Petroleum, Musselshell, Yellowstone, Golden Valley, Wheatland, Sweetgrass, Stillwater, Carbon, Big Horn.
Area III.	City of Great Falls. Counties of: Glacier, Toole, Liberty, Hill, Blaine, Pondera, Teton, Choteau, Cascade.
Area IV.	Counties of: Lewis and Clark, Jefferson, Broadwater, Meagher, Gallatin, Park.
Area V.	Counties of: Madison, Beaverhead, Silver Bow, Deer Lodge, Powell, Granite.
Area VI.	Counties of: Lincoln, Sanders, Flathead, Lake, Missoula, Ravalli, Mineral.
Area VII.	Crow Indian Reservation, Northern Cheyenne Reservation, Fort Peck Indian Reservation, Fort Belknap Indian Reservation, Rocky Boy Indian Reservation, Blackfeet Indian Reservation, Flathead Indian Reservation.

Source: State Plan for Programs on Aging under Title III of the Older Americans Act of 1965, as amended: Montana (FY 1974).

Federal Regulations require that the AAA's be consulted in the State's decisions for funding Title VII projects in localities served by the AAA's. The mechanisms for providing coordination and, in essence, a minimum of influence over Title VII Nutrition Programs in the PSA's has been provided the AAA's primarily on this basis.

Questions remaining regarding the current planning and programming strategy of ASB are: (1) the nature of the relationship between the AAA's and the local Councils on Aging in all of the Counties comprising the PSA's; (2) the linkage between Title VII Nutrition Programs and the AAA's; (3) the extent to which supporting services will be provided through Title III (which would be increased primarily by a self-imposed reduction of administrative expenditures by the AAA's and/or Title VII monies); (4) the extent to which Senior Centers will constitute a part of the ASB funding strategy through their linkage with Title VII Nutrition Programs or through Title III monies; and (5) the nature and intensity of involvement of senior citizens themselves (and particularly the poor and the minority elderly) in the current strategy of planning and programming through AAA's in the State.

C. AN EVALUATION OF THE ASB PROGRAM STRENGTHS AND WEAKNESSES

Given that part of ASB's mission is to provide services to meet unmet needs of elderly Montanans, it is important to determine whether concrete service delivery systems have been

established to meet these needs and whether existing services have been expanded and sensitized to provide a better "fit" for older people as a result of the Bureau's operation. In this Section, the respondents' perceptions of the relationship of ASB to, and its effect on, direct services available to older people in the State is explored.

Ideally, the following array of 19 areas of service would be readily available in the State for older people:

- | | |
|--------------------------------------|--|
| (1) Cash transfers | (11) Mental health services |
| (2) Tax measures | (12) Health services |
| (3) Education and training | (13) Rehabilitation services |
| (4) Employment services | (14) Nursing (home) services |
| (5) Housing services | (15) Home health services |
| (6) Transportation | (16) Institutionalization services |
| (7) Communication | (17) Homemaker and chore services |
| (8) Recreation and social activities | (18) Social work services |
| (9) Food services | (19) Volunteer action and service programs |
| (10) Legal services | |

In order to assess ASB's influence on the service delivery systems available to the elderly throughout the State, the respondents interviewed were asked, "How has the ASB programming been in terms of meeting the needs of older persons--better in some areas than others (that is, health, transportation, etc.)?" An analysis of the responses to this question in terms of the array of services listed above, shows that 50% of the respondents

felt that ASB had had an impact on the provision of recreation and social activities for older people in the State. This was the one source on which there was the most agreement across all respondent categories. The other major services named as resulting from ASB program efforts were food services, volunteer and transportation services. More than one-fourth (29%) of the respondents named food services; 13% named each volunteer action, volunteer service programs, and transportation services. Only three persons (8%) named health services, while rehabilitation, housing, and cash transfers were named by two respondents each. Tax measures, education and training, employment services, nursing and home health services were mentioned in connection with ASB activity by only one respondent each. It is noteworthy that no respondents saw ASB as having funded or advocated the provision of mental health services, legal services, homemaker, social work services, institutionalization alternatives, or communication services. All of the five respondent groups, then, were consistent in feeling that the ASB had been influential first in the development of recreational and social activities, and second, in the provision of food services.

In terms of assessing the major strengths of ASB's program, it is not surprising that recreation/social activities were rated first in view of the fact that the Bureau had, up until 1973, been using most of its project monies for Senior Centers. The establishment of Centers throughout the State (with at

least one center in each county) resulted in an important network which could potentially raise the visibility of concerns in this area, while serving to mobilize support for aging programs in each of the Counties of the State.

In actuality, the rapidity and the success which has characterized ASB's goal of establishing County Councils on Aging in all 58 Counties is a tribute to the initial groundwork laid by ASB in providing many small grants to establish this statewide network of Centers. Nevertheless, until the 1973 Amendments to the Older Americans Act were imminent, Montana (like many other States) lagged in recognizing the importance of primarily funding programs which would serve the most needy, infirm, and isolated elderly.

When asked to comment on program weaknesses, more than one-third (37%) of all persons interviewed in depth stated that program weaknesses existed in the area of transportation services: program weakness in the areas of housing and health ranked second.

Interestingly, several services either are not considered areas of need or of ASB responsibility because they are neither mentioned as provided nor as lacking (as a program weakness). These were social work services, legal, and employment services. It is known that each of these represent program areas for a number of other State Units on Aging.

The same questions on the strengths and weaknesses of ASB's program were analyzed in terms of the general types of activities such as: funding programs, getting to know the

State's community problems (outreach), providing direct services, coordination, advocacy and so forth. In analyzing responses this way our findings are as follows:

In general, the provision of direct services (and particularly recreational services) were clearly perceived as a strength of the ASB's programming for older people by the respondents interviewed. Although outreach and funding ranked 2nd and 3rd, respectively, as perceived strengths of the program, they were more likely to be perceived as weaknesses than as strengths (39% as a weakness vs. 18% as a strength for outreach; 26% as a weakness vs. 13% as a strength for funding).

In essence, the strengths of the program, as described by respondents did not include the "leadership-planning" types of activities envisioned in the 1969 amendments to the Older Americans Act as described earlier--that is, advocacy, legislation, coordination and planning.

Respondents were asked to indicate the areas which were being neglected in ASB programming and to state ASB weaknesses related to these areas. Nearly 40% of the respondents interviewed stated that the ASB's outreach efforts were weak--most often in terms of not getting input from the communities and older persons throughout the State. Coordination and planning were described as weak areas of ASB activity by nearly a third (32%) of the respondents. The funding function and the area of direct service implementation were each named by ten of the respondents (26% each) as being ASB weaknesses.

To summarize, outreach, coordination and planning, funding, and direct service assistance were listed by the community members as the major areas of concern. The legislative, SRS and other State agency respondents also were concerned about these general areas of ASB performance. Significantly also, failure to provide sufficient public information, and failure to engage in advocacy efforts (lobbying and public relations, etc.) on behalf of the elderly were also mentioned by the legislative persons interviewed.

The overall assessment of ASB's generic program features (detailed in the Final Report) may be summarized as follows:

(1) ASB was viewed as primarily assisting other agencies in the provision of direct services;

(2) Yet, many of the respondents interviewed reported little knowledge of ASB's mission and program. Even one-third of the Title III respondents indicated "no knowledge" in this area;

(3) Little contact was reported between ASB staff and the various respondent groups--and two-thirds of these contacts were reportedly initiated by the respondents themselves rather than the agency. Thus ASB was not initiating new activities. It was responding to requests made of it;

(4) Contact with ASB was primarily for the purpose of obtaining information, funding, or technical assistance; and

(5) Most of these contacts were perceived as "somewhat helpful."

In terms of program strengths and weaknesses then, respondents saw the delivery of direct services (mostly social and recreational) as ASB's major program strength.¹ Its major weakness was seen in terms of lack of contact with the communities and the older people in them (i.e., the lack of input and consequent unfamiliarity with the needs of older persons). The major suggestions offered for how ASB might be more helpful were for it to provide more information, technical assistance, coordination, planning, and assistance with legislation.

D. NEW DIRECTIONS SUGGESTED FOR ASB PROGRAMMING

In response to the question, "Are there some new directions in which you think ASB (programming for older persons) should go?", 63% of the respondents interviewed indicated the need for ASB's broadening its contact with the elderly by "getting out" in the State through activities such as surveying and other out-reach contact measures which would result in not only obtaining data about the needs of older people in the local communities, but also in the dissemination of information about services which are currently available.

¹Currently, program strengths (and weaknesses) would probably be reported in the Area Agency funding strategy (which is now mandated as ASB policy for Title III monies under the 1973 Amendments to the Older Americans Act).

ASB's engaging in advocacy on behalf of older persons (including such activities as public relations and lobbying) was indicated as needed by 26% of the 38 respondents interviewed in-depth. Providing more in terms of direct services and technical assistance were each listed by nine of these respondents (24% each). When the responses to this question were categorized according to the specific types of services which were suggested, transportation was the most often named "new direction" for ASB (by 42%). Food and housing services both tied for second place in number of suggestions (by 26%). Recreational services were ranked third by respondents, with 21% listing this as an area for development and expanded activity; 18% listed cash payments (increased income) as an area of focus for ASB activity, an interesting finding in direct contrast to national data indicating the latter as the most critical service needed for older persons. The only services which were not given in recommending new directions for ASB were the home nursing services, while mental health, legal, rehabilitation, home health, social work, and volunteer services were only mentioned by one respondent each.

The responses received (N=38)¹ in the questionnaire mailed to all 57 Senior Centers concurred with the opinions given

¹These are different respondents than the more than 38 persons with whom we conducted in-depth interviews.

by the respondents who had been interviewed in this Study. Two-thirds of the Senior Center directors recommended first that attention by ASB be directed to the development of transportation systems. More than half (53%) stated that food services should receive ASB attention, and almost half (47%) felt that the Bureau should be involved in making health services available to older people. Forty-five per cent of Senior Center respondents also recommended ASB activity for the provision of housing and 24% wanted ASB to work for increased income for older people. Also corroborating the views of the interview respondents, none of the Senior Center responses suggest ASB activity in the areas of communication, mental health, nursing, home health, or social work services.

In summary, from the vantage point of direct services, the major strengths of ASB's program lay in the recreational/ social services area at the time of the Study. Its major weakness, according to respondents, were reported in the area of transportation, followed by the health and housing services areas. The "new direction" in terms of services suggested for ASB support, were transportation, housing and food services. Particularly interesting was the finding that mental, home health, homemaker and a variety of other services generally considered important in the prevention of institutionalization of older persons appear neither to be heavily

provided nor even perceived as needed.¹

¹A number of authors and studies discuss the importance of these types of services for older persons. See Robert N. Butler and Myrna Lewis, Aging and Mental Health: Positive Psychosocial Approaches, St. Louis, MO: C. V. Mosby, 1973; Carroll L. Estes and Gideon Horowitz, "Problems and service needs of the elderly: A study of clients of a protective services agency," presented at 24th annual meeting, Gerontological Study, Houston, TX, 1971; U.S. Senate Committee on Labor and Public Welfare and Special Committee on Aging, Post-White House Conference on Aging Reports, 1973 (pp. 415-439); White House Conference on Aging, Section Recommendations on Physical and Mental Health, Washington, D.C., 1971.

CHAPTER VI

STUDY RECOMMENDATIONS
(as submitted in March, 1974)PREFERRED ORGANIZATIONAL STRUCTURES, STAFFING, AND SUBSTANTIVE PROGRAMMING OF THE MONTANA AGING SERVICES BUREAU, INCLUDING RECOMMENDED STRATEGIES AND PROCEDURES FOR ASSISTING PROJECTS ON THE AREA AND LOCAL LEVELSLocation of the Aging Services Bureau (ASB)

- 1 . . . that the Montana Aging Services Bureau (ASB) return to the Division level within SRS¹ in order to provide (a) the requisite visibility and status within SRS to enable Aging Services to achieve the leadership-planning² potential required under the Older Americans Act and its amendments, and (b) the autonomy necessary to assure its capacity to innovate and coordinate the Aging Services program with other programs of relevance to the aging in the State, many of which are in other State agencies and departments.
- 2 . . . that, if possible under the Executive Reorganization Act of 1971, Aging Services be advanced to independent agency status for the same reasons advanced in Recommendation #1.

ASB Staff Meetings

- 3 . . . that regular Staff meetings be instituted wherein the ASB staff is involved in a continual process of goal-setting, and in the development and assessment of "the program."

¹The lack of an inherently consistent rationale for determining the Bureau or Division status of categorical programs in SRS has been discussed in Chapter IV. See p. IV-23 of the Final Report, submitted to SRS, March, 1974.

²As described in Chapter IV, "leadership-planning" is a concept which describes one of the major responsibilities of the State Units on Aging under the Older Americans Act, especially in the 1969 Amendments. Leadership-planning may be described as coordination of services; statewide planning and evaluation: data-gathering and/or studies; advocacy on behalf of older people; establishing liaison and other forms of cooperative arrangements among existing agencies; and establishing community-based organizations to carry out these same functions on a local level.

ASB Goal Development and Priority Setting

- 4 . . . that clearly formulated goals be developed by the ASB Staff in the context of the Older Americans Act and its amendments, and that these be continually reassessed in the light of up-dated data on the needs of the population to be served.
- 4a . . . that ASB clearly delineate the population it seeks to serve in conjunction with the projects funded through Titles III and VII so that, where appropriate, consistency in program thrust can be achieved, and so that the program gives sufficient emphasis to the minority and low income elderly (which are the focus of the 1973 Comprehensive Services Amendments to the Older Americans Act).

ASB Program Funding

- 5 . . . that the issue of geographic favoritism and/or discrimination in terms of ASB's project funding be examined and that policy decisions be made based on an overall plan for distributing Titles III and VII project monies which takes into consideration the percentage and socioeconomic characteristics of the population 60+, by geographic location.

ASB Division of Labor and Staffing¹

- 6 . . . that lines of authority and responsibility be clarified and that tasks to be performed be delineated for ASB Staff, and that staff members be involved in a continuing assessment of their responsibilities in light of the Older Americans Act and needs in the communities and State.
- 7 . . . that one staff member of ASB be assigned as a "resource specialist" for the purposes of (a) acquiring and disseminating information regarding existing programs and other resources relevant to the aging throughout the State, (b) offering technical assistance to the Area Agencies on Aging (AAA's) in the systematic collection of data regarding resources available and needed in their local areas, and (c) working with the ASB staff member in charge of data collection and analysis in developing updated records of resources available and those needed in the State and in the local areas.

¹Additional staffing recommendations are made in the Section on "Staff Information and Data Resources for Effective Planning and Programming by the ASB." See Recommendation #29 ff.

- 8 . . .that the projected half-time fiscal management position be increased to a full-time position in order to (a) monitor fiscal aspects of ASB activities and projects and (b) train the Title III and VII projects in correct fiscal procedures.

Training Needs

- 9 . . .that ASB conduct an assessment of staff-related training needs of persons working in planning and programming at the local, Area Agency and State levels, and that steps be undertaken to provide the training required by staff at these levels.
- 10 . . .that in-service training of the State ASB staff be instituted specifically for the purpose of developing staff capabilities in developing and writing State Plans.

ASB Field Operations

- 11 . . .that ASB intensify its field contacts with programs and organizations funded by it under the Older Americans Act--increasing the Bureau's (a) communication with and awareness of program-related problems and (b) input from the communities and older persons throughout the State.
- 11a . . .that in order to make these necessary field contacts, additional field representatives be appointed to ASB's staff, and that these representatives be based in geographically dispersed field offices.

ASB Technical Assistance

- 12 . . .that ASB increase and regularize its efforts to offer technical assistance to the programs it funds and that particular emphasis be given to training staff of the County Councils and the Area Agencies on Aging (AAA's) in the areas of planning and coordination--with special emphasis in coordinating and planning with the Title VII projects in the Planning and Service Areas. This will probably require the training of ASB staff for these functions as well.

ASB Budget Policy

- 13 . . .that a more aggressive stance be assumed with regard to ASB budget requests and that programmatic ideas for legislative funding above the minimum available levels (for matching Federal funds) be developed and forwarded to the legislature.

- 14 . . .that a mechanism be developed and implemented by ASB to assure that the Legislature is educated on ASB's needs for funding.

Statewide Advisory Council

- 15 . . .that the Statewide Advisory Council be organized into a dual structure--that is, two councils or committees, with parallel or joint functions, but each of which would represent a different type of expertise. These would be:

- a) A Professional/Governmental Advisory Council composed of representatives of key public agencies and private organizations. Suggested members would include representatives from Adult Services Bureau, the Departments of Institutions, Health and Intergovernmental Relations, the Divisions of Community Health Planning and Employment Security, Government Operations, AFL-CIO, ACTION, SOS programs, the University sector, and a legislative representative.

Members of this Council could be appointed by the Governor, with the Chairperson elected by the members of this Council

- b) A Citizens' Advisory Council composed of representatives of geographical areas throughout the state, representatives of advocacy groups for older persons in the state, and program consumers. Suggested members would include representation from both "on Reservation" and "off Reservation" Indians, representatives of at least the 12 districts in the State, representatives from the Montana Senior Citizens' Association, Inc., and program consumers, e.g., participants in Title III and VII funded projects.

If possible, members of this Council should be selected by a "grass roots" process. For example, some of these members could be selected through County Councils on Aging which are operating in the districts. The Chairperson should be elected by the Council members themselves.

- 16 . . .that the two Councils provide: citizen, professional, and governmental input for (1) better utilization of aging programs, (2) political effectiveness for the Aging Services Bureau, and (3) expert knowledge on geographical and substantive areas required from long-range programming and planning.

- 17 . . .that the major functions of these two Advisory Councils be:
- a) Professional/Governmental Advisory Council
 - 1) to provide technical assistance on problems of duplication, technical feasibility, and gaps in services for older persons;
 - 2) to engage in development of priorities and long-range planning for older persons;
 - 3) to serve as a mechanism for involving professional and governmental leaders in the ASB's aging programs; and
 - 4) to provide concrete solutions to the problems of older Montanans.
 - b) Citizens' Advisory Council
 - 1) to provide both systematic input and feedback on issues, problems, and complaints regarding service delivery and the needs of older Montanans, (and a recognition of their difference by geographic area);
 - 2) to engage in priority development and long-range planning beyond simply meeting Federal regulations (i.e., to adapt Federal programs to Montana's needs);
 - 3) to provide a source of information and interpretation to their constituencies; and
 - 4) to provide concrete solutions to the problems of older Montanans.
- 18 . . .that orientation and ongoing training sessions be provided for Advisory Council members, including regular input of current data relevant to the ASB State Plan and Programs.
- 19 . . .that regular meetings be held of both Advisory Councils, at least quarterly.
- 20 . . .that periodic joint meetings of the Professional/Governmental Council and the Citizens' Advisory Council be held for the purposes of exchanging perspectives on both ASB programming and long-range planning.
- 21 . . .that minutes and reports of Advisory Council meetings and ASB activities be regularly communicated to Council members.

- 22 . . .that time be allotted for agenda items contributed by Advisory Council members.
- 23 . . .that attendance at meetings be required for continued Advisory Council membership.
- 24 . . .that the Advisory Council conduct an annual review and systematic evaluation of the Aging Services Bureau's activities.
- 25 . . .that Annual Reports of both Advisory Councils' activities be presented at the Annual Governor's Conference on Aging.
- 26 . . .that ASB develop and implement procedures for assuring effective input and linkages between the Statewide Advisory Council(s) and the Area Agencies on Aging (AAA's).¹

Other Advisory Bodies

- 27 . . .that ASB develop and implement a policy assuring effective linkages between the Area Agencies on Aging (AAA's) and (a) the constituent County "general purpose governments" and the County Councils on Aging in their respective Planning and Service Areas (PSA's) and (b) the Project Councils for the Title VII Nutrition Projects in their PSA's.
- 28 . . .that ASB take steps to assure both the representation and active participation of older persons in the AAA Advisory Councils in proportion to the geographic and ethnic distribution of the population in the PSA's.
- 28a . . .that ASB periodically and regularly monitor and assess this aspect of participation in the AAA Advisory Councils.

STAFF, INFORMATION AND DATA RESOURCES FOR EFFECTIVE PLANNING AND PROGRAMMING BY THE AGING SERVICES BUREAU

ASB Staff and Training

- 29 . . .that an ASB staff member, trained in techniques of data collection and analysis, and also familiar with computer techniques, be assigned to ASB in order to (a) develop relations with existing State Bureaus and Divisions which

¹See also Recommendation #55a.

gather data relevant to ASB programming and planning¹ and (b) assist in the development of Montana's State Plans for Title III and Title VII funding, and (c) offer technical assistance to the AAA's required for the development and implementation of their Area Plans.

ASB Data Requirements

- 30 . . .that training be provided ASB staff in the use of statistical reports and their availability in the State. Similar training should be provided to Area Agency staffs, and available to local project persons upon request.
- 31 . . .that all statistical reports regarding the Area Plans be uniformly developed and presented and that training sessions be held for AAA staff on preparing the statistical data for these reports.
- 32 . . .that automatic data processing techniques be utilized by ASB which identify all data by County and Planning and Service Area (PSA), thereby enabling easy retrieval when developing State and Area Plans and other requisite agency reports. By utilizing automatic data processing mechanisms it would be possible to up-date County and other data as it became available and to obtain computerized results as needed.

Coordination of Data and Information Resources

- 33 . . .that the Aging Services Bureau be required to coordinate with the Research and Statistics Bureau in its own department, SRS. In addition, a regular working arrangement needs to be set up, whereby ASB staff would view this Bureau as a resource in its own planning efforts. Similarly, this arrangement would create pressure on the Research and Statistics Bureau to collect and disseminate data which are relevant to the problems of the aging in the State.
- 34 . . .that the Research and Statistics Bureau of SRS be required to coordinate with other Research and Information Bureaus in other departments in the State, and they with SRS.² Programs

¹ Examples of such units would be Information Systems in the Division of Planning and Economic Development and the Research and Statistics Bureau within the Dept. of Social and Rehabilitation Services.

² An example of a useful computer system not utilized by ASB, SRS, or many other agencies is the Gary Rogers Automated Map Plotting Service (GRAMPS) developed by Gary Rogers of Information Systems Bureau. This is a program in which the computer

exist in the State which appear to be used exclusively in one department or another, and which could beneficially be applied to problems of the different departments. Coordination between departments would hopefully increase information about relevant processing systems and improve data collection and analysis for the purposes of planning programs in the State.¹ Extra staff is likely to be needed to carry out the coordinating/communicating functions between departments.

Central Data Bank for the State

- 35 . . .that there be an authorized central data system for the State, which has the authority to collect and distribute data, which would have the effect on existing Bureaus of requiring coordination between them and the central research and information facility.
- 35a . . .that data collected in this center be analyzed with attention to age of participants, recipients, populations, etc. Specifically, data needs to be collected on program utilization as well as demographic census-type materials.²
- 36 . . .that the types of data to be gathered in the recommended central data bank which are of relevance to the aging be decided in communication with ASB, so that the Bureau's particular data needs are met (since it is anticipated that ASB would be among the primary users of this type of information.)

graphically maps statistical data so that it can be evaluated quickly and visually on a map of the State and all of its counties. As such, this could be an invaluable aid to planning for ASB, if relevant data were fed into this program. The Statutory Retrieval Information System for Montana statutes is another program which might be beneficially used by ASB.

¹Comprehensive Health Planning has collected baseline data for 5 Administrative Areas in the State in preparation for their own planning efforts. This is an example of an instance where the data collected, as well as the planning efforts, should be coordinated with ASB activities.

²Statistics on program utilization need to include at a minimum, the number and characteristics of participants, the benefits received, and the State matching provided for the programs of special relevance to the aging (e.g., those discussed in Chapter 11 of the Final Report submitted to SRS, March, 1974).

- 37 . . .that data be collected using the same five-year intervals as were used by the 1970 Census.
- 37a . . .that these data be coded such that they are retrievable for persons 60 years of age and over, since many federal programs consider this the minimum age for receiving programs and services.
- 37b . . .that these data also be retrievable for the very old (i.e., persons older than 85 years of age).
- 38 . . .that data on American Indians be included in the State-wide data bank recommended above, coded by County and Reservation of residence.
- 38a . . .that these data be retrievable by "on Reservation" and "off Reservation" status, as well.
39. . .that data be collected pertaining to the mental health status of older Montanans.

PROMISING MECHANISMS FOR ENHANCING THE WELL-BEING OF OLDER MONTANANS THROUGH ADVOCACY

Legislative Advocacy

- 40 . . .that ASB work toward the development of a reporting mechanism by which interested citizens and State and local agencies could inform themselves about recent legislation of importance to the aging and pending priority legislative issues which affect Montana's senior citizens.
- 40a . . .that legislative historical summaries be maintained by ASB based on the above recommended reports of issues of direct relevance to the aging.
- 41 . . .that ASB develop regularized procedures for informing Legislators of the problems of Montana's elderly (as ASB develops and assimilates data in this area) in order to stimulate ideas for legislation to assist the elderly.
- 42 . . .that ASB supply information for Congressional testimony for legislation relevant to the elderly.
- 43 . . .that the establishment of an official Joint Legislative Committee on Aging of the Montana Legislature be explored.
- 44 . . .that the possibility of utilizing the Montana Statutory Information and Retrieval System (SIRS)¹ be given

¹SIRS is currently maintained by the Information Systems Bureau, of Department of Intergovernmental Relations.

serious consideration in ASB's own advocacy efforts and in its assistance to other organizations and localities in their advocacy efforts.

- 45 . . .that the SRS News regularly publish a column devoted to a complete legislative roundup of passed, pending, and proposed legislation relevant to the aging using the information developed in implementing Recommendation #40 above.

Coordination for Statewide Advocacy

- 46 . . .that the ASB Statewide Advisory Council(s) fulfill some of the above recommended advocacy functions, and that these be worked out in conjunction with the development of a concerted policy on the advocacy roles to be carried out by the ASB Executive, the AAA's and the local County Councils on Aging.

Coordination for Area and Local Advocacy

- 47 . . .that ASB maintain careful records on the amounts of mill levy funds allocated under H.B. 81 for each County, specifying the basis on which the levy is computed, from which governing body the funds are levied, and which activities are supported by the funds.
- 47a . . .that, if possible, ASB advise Counties or local Mill Levy funding of aging activities, in accord with priorities jointly set by the State ASB and the Area Agencies on Aging.
- 48 . . .that ASB develop procedures whereby the Bureau and AAA's are informed of the extent to which Revenue Sharing monies are used to support social services at the local level, enabling the coordination of these activities with those of ASB and the AAA's.
- 49 . . .that mechanisms be developed and implemented for assuring communication regarding the advocacy efforts made in the different localities and at the State level from community to community and to the legislature for the purpose of increasing the efficacy of these efforts across the State.
- 50 . . .that consideration be given to the potential role of the Montana Senior Citizens Association and other private organizations in the State in performing some of the advocacy functions recommended above.

Other Advocacy

- 51 . . .that consideration be given to developing a program providing for legal services and advice for the elderly, particularly concerning their rights and benefits under the Older Americans Act and allied programs.

SUGGESTED MECHANISMS FOR STATE AND LOCAL COORDINATION OF ASB ACTIVITIES¹

State Level Coordination

- 52 . . .that ASB develop and implement regularized mechanisms for communicating its program and coordinating its activities with those of other State agencies and Departments with programs of relevance to the aging.
- 52a . . .that similar mechanisms be developed to assure the communication and coordination of ASB's activities with those of other agencies within SRS as well.

State, Area, and Local Coordination

- 53 . . .that ASB assist the Area Agencies and County Councils in developing and implementing a regular mechanism for communicating and coordinating with the "Local Government Advisory Committee,"² established by Governor Judge to advise the State concerning local government problems and to assist in developing solutions.
- 54 . . .that regularized mechanisms be instituted for assuring ASB's communication with and input from Title III and Title VII projects funded in the communities, both in developing the State Plan and the programs and target populations to be given priority under it.
- 55 . . .that procedures be developed and implemented by ASB staff specifically to assure effective linkages between the Title III and VII programs at both the State, Area and local levels--to enhance the possibility of realizing the goal of statewide planning and coordination.
- 55a . . .that ASB develop and implement a policy which assures the coordination of the roles, functions, and activities of the various Title III and VII "advisory councils" operating at the local, Area, and State levels.

¹Several previous recommendations have dealt with coordination. See Recommendation #s 33-35 and 46.

²This Committee is comprised of local representatives of Montana's 12 Multi-County Administrative Districts. See the Six Month Report: The Administration of Governor Thomas L. Judge (Jan. 1 - June 30, 1973), p. 16.

EPILOGUE

In November, 1974, I returned to the Montana Aging Services Bureau to "interpret" our Study findings and to discuss the Recommendations which had been made to the Bureau in March, 1974. In the eight months since the Study was completed, a number of changes have occurred in the Aging Services Bureau (ASB). Those which are most noteworthy are summarized below, with their relationship to our specific recommendations noted.

This Epilogue closes with an overview of the early Study Recommendations (presented in Chapter VI of this Summary Report) which still appear fruitful to consider.

A. PROGRESS SINCE STUDY COMPLETION

Major changes since the completion of the Study are:

1. ASB Staff Meetings. The Staff of the agency now meet periodically to discuss problems and progress. The regularity of such meetings is determined by circumstances. Nevertheless, we continue to support Recommendation #3, as stated in March, 1974:

"3...that regular staff meetings be instituted wherein the ASB Staff is involved in a continual process of goal-setting, and in the development and assessment of 'the program.' "

These meetings need to focus not only on administrative and operational problems but also on the important issues of (a) the linkages between the Title III and Title VII programs,

with special efforts to bring the directors of these programs together on a working basis to expand the total resources and ideas for more and better programs for older Montanans in the Planning and Services Areas, and (b) the shifting role of the Aging Services Bureau, given the Area Planning strategy embodied in the 1973 Amendments to the Older Americans Act. (This was described in our earlier Recommendation #3 above and, because of its importance, is discussed in detail later in this Section.)

2. ASB Program Funding. Consistent with our earlier recommendation, we are happy to report the Aging Services Bureau (ASB) has developed a formula for allocating Title funding to Area Agencies according to selected population characteristics for persons 60 years of age and older -- thereby equalizing the Bureau's funding proportionate to populations in need. We applaud this progress, and recommend similar funding formulas be adopted officially (and reported in the Area Plan) by the Area Agencies -- although such formulas probably need to account for geographic distances and transportation factors within the Areas (as suggested by one AAA Director).

3. ASB Division of Labor and Staffing. Since the conclusion of the Study there has been nearly a complete turnover of ASB Staff and an overall increase in staff size -- with the hiring of a State Agency Planner and of a Nutritionist to administer the Title VII program. Other major staff changes of a positive nature are (a) the addition of

staff who have been working in the area of resource development (an area recommended in 1974; see Recommendation #7), resulting in a Statewide Information and Referral (I&R) network, and an I&R Resource Book, (b) the hiring of the services of a (part-time) SRS staff member to develop training for ASB, Area Agency and Nutrition Project Staffs, and (c) the hiring of an Indian Coordinator to work with the newly designated Area VII Area Agency.

The hiring of staff members, for specific task areas and with specific designated responsibilities, meets the intent of our earlier Recommendation #6 regarding the division of labor among staff and the need for clarification regarding their individual functions and responsibilities.

The remaining Recommendation in this general area (#8) is still supported by the Researchers. As stated previously, we recommend:

"8...that the projected half-time fiscal management position be increased to a full-time position in order to (a) monitor fiscal aspects of ASB activities and projects and (b) train the Title III and VII projects in correct fiscal procedures."

4. Statewide Advisory Council. On the recommendation of the Researchers, the Council has recently appointed a Legislative Committee which has begun to explore mechanisms for the Council's undertaking a program of legislative advocacy. We applaud this beginning and encourage the Council's efforts in additional advocacy areas -- many of which have been suggested in the section on recommendations for Statewide Advocacy (see Recommendation #'s 40-51, Chapter VI).

Other recommendations regarding suggested Advisory Council responsibilities which we continue to recommend are restated here. As stated in Recommendation #17, we recommend the State-side Advisory Council function specifically to:

"engage in development of priorities and long-range planning for older persons;

serve as a mechanism for involving professional and governmental leaders in the ASB's aging programs; and

provide both systematic input and feedback on issues, problems, and complaints regarding service delivery and the needs of older Montanans, (and a recognition of their difference by geographic area)."

Additional recommendations in this area which we believe are important to consider at this time are (as initially proposed):

"18...that orientation and ongoing training sessions be provided for Advisory Council members, including regular input of current data relevant to the ASB State Plan and Programs."

"24...that the Advisory Council conduct an annual review and systematic evaluation of the Aging Services Bureau's activities."

"25...that Annual Reports of (the) Advisory Council's activities be presented at the Annual Governor's Conference on Aging."

"26...that ASB develop and implement procedures for assuring effective input and linkages between the Statewide Advisory Council(s) and the Area Agencies on Aging (AAA's)."

5. Other Advisory Bodies. Although ASB has assured linkages between County Councils and AAAs, we continue to support our initial recommendations regarding these advisory bodies (principally those for Area Agencies and Nutrition projects)

because of our conviction that resources cannot be adequately expanded for older persons without the full participation and assistance of older Montanans. Further, we strongly believe it is the right of consumers of Title III and VII programs to participate in decisions which affect their lives.

Toward this end, we restate our previous Recommendation #28:

"28...that ASB take steps to assure both the representation and active participation of older persons in the AAA Advisory Councils in proportion to the geographic and ethnic distribution of the population in the Planning and Service Areas (PSAs)."

"28a...that ASB periodically and regularly monitor and assess this aspect of participation in the AAA Advisory Councils."

B. MAJOR CURRENT RECOMMENDATIONS

The most significant areas in which we continue to support recommendations are the following:

1. ASB Goal Development and Priority Setting. ASB goals and objectives need to be re-examined in view of the shifting role of state units on aging (SUAs) across the nation. The necessary shift in responsibility, primary focus, and task emphasis for these SUAs and the Montana Aging Services Bureau has resulted from the implementation of the sub-state (Area) planning strategy embodied in the 1973 Amendments to the Older Americans Act. As Area Agencies attempt to develop comprehensive service systems at the local levels, SUAs such as the Montana Aging Services Bureau must assist the AAAs with their advocacy and coordination efforts. While the Montana ASB

continues to have responsibilities in the areas of technical assistance, monitoring and evaluation for both Title III and VII projects, ASB must address efforts at the state level to develop contracted agreements for services specifically for older Montanans, many of which are delivered through district offices of State Agencies (both within and outside SRS). This is essential because it is unrealistic to expect Area Agencies to successfully negotiate such commitments at the local (district) level when district offices (e.g., Adult Services) are responsible (and report) to a State Agency in Helena. In such instances, it will take the advocacy efforts at both the district and State levels to raise awareness of common problems and to successfully achieve contracted agreements for coordination and services.

2. ASB Budget Policy. As stated in our 1974 Recommendation #'s 13 and 14, we continue to recommend an aggressive budget policy for the Bureau. This requires the support of the Statewide Advisory Body to ASB for the purposes of legislative education and advocacy in this important area. Further, we recommend the exploration of "enabling" legislation at the State level for the allocation of a specified percentage of State level General Revenue Sharing (GRS) funds, to be used on a matching basis for local level GRS funds -- designated for the funding of services for persons 60 years of age and older.

3. ASB Data and Information Requirements, Coordination of Data and Information Resources, and Central Data Bank for the State. While we know that some efforts have already been made by ASB Staff toward increasing communication between ASB and other state agencies which have data which are needed for the enlightened planning of programs, we continue to strongly urge serious consideration of the Recommendations already made in this general area (see Recommendation #'s 30-39, Chapter VI).

4. Promising Mechanisms for Enhancing the Well-being of Older Montanans Through Advocacy. We continue to urge that ASB adopt a policy and devise means for becoming involved much more directly and emphatically in advocacy efforts on behalf of the elderly in the State. Toward this end, we recommend (in accord with Recommendation #'s 40,41, 44, and 45, Chapter VI) ASB's involvement in facilitating the development and dissemination of legislative and legislatively-relevant information. In so doing we recommend ASB's involvement of AAAs and local County Councils on Aging as well as its Statewide Advisory Council in these efforts.

Some suggestions containing aspects of such an expanded advocacy for the Bureau are indicated in Recommendation #'s 46-41, Chapter VI.

Finally, we urge serious consideration of the official establishment of a Joint Legislative Committee on Aging of the Montana Legislature, recognizing that this innovative step has already been taken by five other states in the

Nation (See Recommendation #3, Chapter VI).

5. Suggested Mechanisms for State and Coordination of ASB and Aging-Related Activities. Consistent with the previously noted necessity for the Montana Aging Services Bureau to shift its roles as a result of its delegated responsibilities (and those of the AAAs) under the 1973 Amendments to the Older Americans Act, increased efforts are required by ASB in all areas of State-level coordination, as well as advocacy. Therefore, we urge the adoption of Recommendation #'s 52-55, as stated in Chapter VI.

6. Organizational Location of the Aging Services Bureau. In conjunction with the previously stated recommendations for increased coordination, and advocacy for older persons, we suggest consideration of our first and second recommendations initially made in March, 1974, as follows:

"1...that the Montana Aging Services Bureau (ASB) return to the Division level within SRS¹ in order to provide (a) the requisite visibility and status within SRS to enable Aging Services to achieve the leadership-planning potential required under the Older Americans Act and its amendments, and (b) the autonomy necessary to assure its capacity to innovate and coordinate the Aging Services program with other programs of relevance to the aging in the State, many of which are in other State agencies and departments.

¹The lack of an inherently consistent rationale for determining the Bureau or Division status of categorical programs in SRS has been discussed in Chapter IV.

2 ..that, if possible under the Executive Reorganization Act of 1971, Aging Services be advanced to independent agency status for the same reasons advanced in Recommendation #1."

In closing, we would like to re-dedicate this Study and our Summary Report to all older Montanans for whom we hope our efforts provide some tangible benefit.

